

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29256

FILED
Mar 09, 2009
Secretary of State

Entity Name: PORPOISE POINT ASSOCIATION, INC.

Current Principal Place of Business:

2115 S PORPOISE PT
VERO BEACH, FL 32963 US

New Principal Place of Business:

2075 N PORPOISE PT
VERO BEACH, FL 32963 US

Current Mailing Address:

2115 S PORPOISE PT
VERO BEACH, FL 32963 US

New Mailing Address:

2075 N PORPOISE PT
VERO BEACH, FL 32963 US

FEI Number: 59-2172403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, WAYNE
2115 S PORPOISE PT
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

MCDONNELL, BART
2075 N PORPOISE PT
VERO BEACH, FL 32963 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BART MCDONNELL

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANATH, JOHN
Address: 2116 N PORPOISE PT
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HEDRIX, SONNY
Address: 2129 S PORPOISE PT
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: GALASSO, RUSSELL
Address: 2096 S. PORPOISE PT
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: JOHNSON, RUSSELL
Address: 2086 S. PORPOISE PT LN
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: PIERCE, WAYNE
Address: 2115 S. PORPOISE PT LN
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENDRIX, SONNY
Address: 2129 S PORPOISE PT
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MCDONNELL, BART PD
Address: 2075 N PORPOISE PT LN
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BART MCDONNELL

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date