2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37629

FILED Apr 16, 2009 Secretary of State

Entity Name: OLD EAST HILL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 6453 518 E. JACKSON ST. PENSACOLA, FL 32503 PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

P.O. BOX 6453

PENSACOLA, FL 32503

FEI Number: 59-3004420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARD, STEVEN BARNES, AROS E
604 E LARUA ST 518 EAST JACKSON ST.
PENSACOLA, FL 32501 US PENSACOLA, FL 32501 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: AROS E. BARNES 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: WARD, STEVEN Name: NALL, TERRY

 Address:
 607 E. LARUA ST
 Address:
 700 E. BELMONT ST.

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32501

Title: VP () Delete Title: VP (X) Change () Addition Name: NALL, TERRY Name: BARNES, AROS

 Address:
 700 E.BELMONT ST.
 Address:
 518 E. JACKSON ST.

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32501

Title: S () Delete Title: () Change () Addition

 Name:
 DIXIE, DIANE
 Name:

 Address:
 415 E. LA RUA ST.
 Address:

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BARNES, AROS E
 Name:
 MCKINNON, MARGIE

 Address:
 518 E. JACKSON ST
 Address:
 410 E. WRIGHT ST.

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32501

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: AROS E. BARNES VP 04/16/2009