

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50385

FILED
Jan 21, 2009
Secretary of State

Entity Name: PORT OF CALL OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

57 NEWMAN DR
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

57 NEWMAN DR
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3165345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAVES, CLARK
104 NEWMAN DR
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PILCHER, CARD
Address: 600 TWIN LAKE ROAD
City-St-Zip: WAVERLY HALL, GA 318312205

Title: TD () Delete
Name: NEAVES, CLARK
Address: 104 NEWMAN DR
City-St-Zip: DESTIN, FL 32550

Title: VD () Delete
Name: SIMMONS, RON
Address: 7 PORT OF CALL
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: SD () Delete
Name: HARRISON, JULIE
Address: #35 PORT OF CALL
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: CRAWFORD, DAVID
Address: 13866 COUNTY ROAD 12
City-St-Zip: FAYETTE, AL 355553937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PILCHER, CAROL
Address: 600 TWIN LAKE ROAD
City-St-Zip: WAVERLY HALL, GA 318312205

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

Title: VD (X) Change () Addition
Name: CLARK, RON
Address: 31 PORT OF CALL
City-St-Zip: MIRAMAR BEACH, FL 32550

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

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

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: CLARK NEAVES

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date