2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N93000001125

Entity Name: DANA POINTE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

413 MARINA POINT DRIVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1621
NICEVILLE, FL 32588 US

New Mailing Address:

FEI Number: 59-3190033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES, JERRY
413 MARINA POINT DRIVE
NICEVILLE, FL 32578 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:	TD	( ) Delete
Name:	STOKES, JERRY W	
Address:	413 MARINA POINT DRIVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	PD	( ) Delete
Name:	ROBINSON, CHUCK	
Address:	216 YACHT CLUB DR	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	VD	( ) Delete
Name:	HOGE, PHILIP	
Address:	144 DANA POINTE DR	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	SD	( ) Delete
Name:	MOORE, CHRISTI	
Address:	218 YACHT CLUB DR.	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	KIRTZ, GAIL	
Address:	219 YACHT CLUB DR.	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	HARDY, RICHARD	
Address:	245 YACHT CLUB DR	
City-St-Zip:	NICEVILLE, FL 32578	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	LOFFLER, PETER	
Address:	141 DANA POINTE DR	
City-St-Zip:	NICEVILLE, FL 32578	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: W J STOKES TD 03/04/2009

Electronic Signature of Signing Officer or Director — Date