

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004923

FILED
Apr 17, 2009
Secretary of State

Entity Name: ST. MARTIN BEACHWALK VILLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1006 A HWY 98W
100
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

321 HARBOR BLVD
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3231089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALE E PETERSON VACATIONS INC
ATTN: PRESIDENT
321 HWY 98 E
DESTIN, FL 32541 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: P () Delete
Name: DEHANES, KEN
Address: 1083 KIMBERLY DR
City-St-Zip: MILFORD, OH 451509649

Title: S () Delete
Name: VANDARGRIFF, JILL
Address: 619 FOREST SHORE DR
City-St-Zip: DESTIN, FL 32550

Title: VP () Delete
Name: MILLER, LARRY
Address: 600 BOONE DR
City-St-Zip: MAYSVILLE, KY 41056

Title: D () Delete
Name: SCHMIDT, RICHARD
Address: 704 COLONY CIR
City-St-Zip: BIRMINGHAM, AL 35209

Title: TS () Delete
Name: HURST, SHANE
Address: 1089 MAPLE STREET
City-St-Zip: WEST POINT, GA 31833

Title: D () Delete
Name: HARPER, JULIA
Address: 667 PATTERSON STILL RD
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, LARRY
Address: 600 BOONE DRIVE
City-St-Zip: MAYSVILLE, KY 41056 US

Title: S (X) Change () Addition
Name: VANDARGRIFF, JILL
Address: 619 FOREST SHORE DR
City-St-Zip: DESTIN, FL 32550 US

Title: VP (X) Change () Addition
Name: SCHMIDT, RICHARD
Address: 704 COLONY CIRCLE
City-St-Zip: BIRMINGHAM, AL 35209 US

Title: D (X) Change () Addition
Name: CONSUEGRA, DIANE
Address: 3857 DUNDEE DRIVE
City-St-Zip: ROSWELL, GA 30075 US

Title: D (X) Change () Addition
Name: HURST, SHANE
Address: 1089 MAPLE STREET
City-St-Zip: WEST POINT, GA 31833

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: LARRY MILLER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date