

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005494

FILED
Apr 03, 2008
Secretary of State

Entity Name: EAST PASS TOWERS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PARKWAY
#23
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PARKWAY
#23
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-2579097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
EMERALD COAST ASSOCIATION MANAGEMENT
10221 EM. COAST PKWY., SUITE 23
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: LUDEKE, BOB
Address: 110 GULFSHORE DRIVE #224
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: PARISH, BONNIE
Address: 1027 C BAYSHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: PARRISH, SAM
Address: 8685 NORTH SHORE DRIVE
City-St-Zip: JONESBORO, GA 30236

Title: VPD () Delete
Name: HOWELL, SCOTT
Address: 110 GULF SHORE DRIVE, #521
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: GINN, MIKE
Address: P.O. BOX 392
City-St-Zip: DESTIN, FL 32540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GINN, MIKE
Address: PO BOX 392
City-St-Zip: DESTIN, FL 32540

Title: STD (X) Change () Addition
Name: PARISH, JIMMY
Address: 1027 C BAYSHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: VPD (X) Change () Addition
Name: HATTAWAY, JIM
Address: PO BOX 327
City-St-Zip: BLAKELY, GA 39823

Title: D (X) Change () Addition
Name: TENEROVICH, JIM
Address: 110 HICKORY HILL CT
City-St-Zip: ALPHARETTA, GA 30004

Title: D (X) Change () Addition
Name: HENSON, KAY
Address: 15 OAKSIDE TRAIL
City-St-Zip: CARTERSVILLE, GA 30121

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: MIKE GINN

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date