## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005494

FILED Mar 17, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:		
10221 EMERALD COAST PARKWAY				110 GULF SHORE DR	
#23 MIRAMAR	BEACH, FL 32550		DESTIN, FL 3254	:1	
	lailing Address:		New Mailing Add	iress:	
	_		_		
10221 EMI #23	ERALD COAST PAF	RKWAY	13330 EMERALD MIRAMAR BEACH		
	BEACH, FL 32550		14111 (7 (141) (1 7 15 15 16 16 1	1, 12 32333	
FEI Number:	: 59-2579097 FEI	Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of Curre	nt Registered Agent:	Name and Addre	ss of New Registered Agent:	
GELDER, JAY B EMERALD COAST ASSOCIATION MANAGEMENT 10221 EM. COAST PKWY., SUITE 23 MIRAMAR BEACH, FL 32550 US		13330 EMERALD	COMPASS RESORTS LLC 13330 EMERALD COAST PKWY MIRAMAR BEACH, FL 32550 US		
	named entity subme of Florida.	its this statement for the	purpose of changing its regis	tered office or registered agent, or both,	
SIGNATU	RE: DEBRA D. HU	GHES		03/17/2009	
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	Electronic Sig	inature of Registered Ag	ent	Date	
OFFICERS	Electronic Signs AND DIRECTORS	gnature of Registered Ag S:		Date INGES TO OFFICERS AND DIRECTORS	
	S AND DIRECTORS	S:		NGES TO OFFICERS AND DIRECTORS	
Title: Name:	S AND DIRECTOR:  PD ( ) Delete	S:	ADDITIONS/CHA  Title: Name:		
Title: Name: Address:	PD ( ) Delete GINN, MIKE PO BOX 392	S:	ADDITIONS/CHA Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	S AND DIRECTOR:  PD ( ) Delete	S:	ADDITIONS/CHA  Title: Name:	NGES TO OFFICERS AND DIRECTORS	
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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: MICHAEL GINN PRES 03/17/2009