

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:

10221 EMERALD COAST PARKWAY
#23
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

110 GULF SHORE DR
DESTIN, FL 32541

Current Mailing Address:

10221 EMERALD COAST PARKWAY
#23
MIRAMAR BEACH, FL 32550

New Mailing Address:

13330 EMERALD COAST PKWY
MIRAMAR BEACH, FL 32550

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:

COMPASS RESORTS LLC
13330 EMERALD COAST PKWY
MIRAMAR BEACH, FL 32550 US

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: DEBRA D. HUGHES

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL GINN

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date