

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004986

FILED
Feb 12, 2009
Secretary of State

Entity Name: PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2052 PRITCHARD POINT DR.
NAVARRE, FL 325663006

New Principal Place of Business:

2057 PRITCHARD POINT DR.
NAVARRE, FL 32566

Current Mailing Address:

2052 PRITCHARD POINT DR
NAVARRE, FL 325663006

New Mailing Address:

2057 PRITCHARD POINT DR
NAVARRE, FL 32566

FEI Number: 59-3265034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTON, THOMAS
2052 PRITCHARD POINT DR
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

WAGNER, SHARON
2057 PRITCHARD POINT DR
NAVARRE, FL 32566 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: SHARON WAGNER

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLAS, PAUL
Address: 2036 PRITCHARD POINT DR
City-St-Zip: NAVARRE, FL 32566 US

Title: TRS () Delete
Name: SUTTON, THOMAS
Address: 2052 PRITCHARD PT DR
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: CHADBOURNE, JUDITH
Address: 2056 PRITCHARD POINT DR
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRANSUE, MARK
Address: 2023 PRITCHARD POINT DRIVE
City-St-Zip: NAVARRE, FL 32566 US

Title: TRS (X) Change () Addition
Name: WAGNER, SHARON
Address: 2057 PRITCHARD PT DR
City-St-Zip: NAVARRE, FL 32566 US

Title: VP (X) Change () Addition
Name: NELSON, DIANE
Address: 2079 PRITCHARD POINT DR
City-St-Zip: NAVARRE, FL 32566 US

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: SHARON WAGNER - TREASURER/SECRETARY

TRS

02/12/2009

Electronic Signature of Signing Officer or Director

Date