

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001075

FILED
Jan 13, 2009
Secretary of State

Entity Name: GRAND CARIBBEAN WEST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3191 SCENIC HWY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

3191 SCENIC HWY 98 EAST
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3260154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFF, JANET L MANAGER
385 HARBOR BLVD., STE 102
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

WOLFF, JANET L MANAGER
217 MAIN STREET
DESTIN, FL 32541 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: JANET L. WOLFF

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICE, EVA
Address: 52671 GRAPE ROAD
City-St-Zip: GRANGER, IN 46530

Title: VP () Delete
Name: SHAMPINE, KATHLEEN M
Address: 4652 WINDSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

Title: SDTD () Delete
Name: BARINEAU, CYNTHIA
Address: 1930 SETTING SUN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: JONES, MICHAEL
Address: P.O. BOX 51
City-St-Zip: ELIZABETHTOWN, KY 42702

Title: D () Delete
Name: LAKEMPER, GARY
Address: 619 MARY ANN DRIVE
City-St-Zip: MONTGOMERY, AL 36109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WILLIAMS, DON
Address: 996 WILDBERRY COURT
City-St-Zip: JEFFERSON, GA 30549

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

Title: D (X) Change () Addition
Name: HENSCHER, MIKE
Address: 143 BRYAN LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: JANET L. WOLFF

MGR

01/13/2009

Electronic Signature of Signing Officer or Director

Date