2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N95000001693

Entity Name: CERCLE NAUTIQUE OWNER'S ASSOCIATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

96 YACHT CLUB DRIVE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

96 YACHT CLUB DRIVE
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3309887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD N.E.
FT. WALTON BEACH, FL 32548 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:	SD	( ) Delete
Name:	BEARD, BRYAN	
Address:	96 YACHT CLUB DR, #8	
City-St-Zip:	FT. WALTON BEACH, FL	
Title:	VPD	( ) Delete
Name:	LUCKIE, MARGARET	
Address:	96 YACHT CLUB CRIVE #6	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	TD	( ) Delete
Name:	BURKETT, BETTY C	
Address:	96 YACHT CLUB DRIVE	
City-St-Zip:	FT. WALTON BEACH, FL 32548	
Title:	PD	( ) Delete
Name:	SKELLY, JOE	
Address:	96 YACHT CLUB DR, #9	
City-St-Zip:	FT. WALTON BEACH, FL	

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:	

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: BETTY C. BURKETT TD 03/23/2009
Electronic Signature of Signing Officer or Director — Date