

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003906

FILED
Apr 28, 2009
Secretary of State

Entity Name: LONGUE VUE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5311 E. CO. HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

5311 E. CO. HWY 30-A
STE 3
SANTA ROSA BEACH, FL 32459

New Mailing Address:

5311 E. CO. HWY 30-A
STE 3
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3394970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E. CO. HWY 30 A
STE 5
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

PRITCHETT, WALTER R
5311 E. CO. HWY 30 A
STE 3
SANTA ROSA BEACH, FL 32459 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANSON, NANCY A
Address: 508 AUDOBON DRIVE
City-St-Zip: ALBANY, GA 31707

Title: DV () Delete
Name: RABY, GARY
Address: 5535 SCOTT CREEK DR
City-St-Zip: HOOVER, AL 35244

Title: STD () Delete
Name: WARNER, MATT A
Address: 4493 LUKE AVE
City-St-Zip: DESTIN, FL 32541

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:

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: WALTER R PRITCHETT

R A

04/28/2009

Electronic Signature of Signing Officer or Director

Date