2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N96000000730

Entity Name: HOLIDAY ISLE TOWERS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

770 GULF SHORE DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

770 GULF SHORE DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3370610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR
348 MIRACLE STRIP PARKWAY STE 7
FORT 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: PD ( ) Delete
Name: WINDHAM, WILLIAM C
Address: 84 VICTORIAS DRIVE
City-St-Zip: BOSSIER CITY, LA 71111

Title: VD ( ) Delete
Name: WILLIAMS, ROSCOE A
Address: 366 GOLSON ROAD
City-St-Zip: PRATTVILLE, AL 36067

Title: TD ( ) Delete
Name: HANKS, KEITH
Address: 770 GULF SHORE DRIVE, #201
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete
Name: KLYCE, BARBARA
Address: 770 GULF SHORE DRIVE, #1202
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: FRYAR, RUSSELL
Address: 770 GULF SHORE DRIVE #1201
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: D (X) Change ( ) Addition
Name: HANKS, KEITH
Address: 770 GULF SHORE DRIVE, #201
City-St-Zip: DESTIN, FL 32541

Title: SD (X) Change ( ) Addition
Name: JAFFE, ALAN
Address: 770 GULF SHORE DRIVE, #902
City-St-Zip: DESTIN, FL 32541

Title: TD (X) Change ( ) Addition
Name: FRYAR, RUSSELL
Address: 770 GULF SHORE DRIVE #1201
City-St-Zip: DESTIN, FL 32541

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: LINDA G. DAVIS CAM 04/30/2009

Electronic Signature of Signing Officer or Director — Date