2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N96000002598

Entity Name: GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-3390926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMERALD COAST ASSOCIATION MANAGEMENT, INC.
10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

GELDER, JAY
10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 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: JAY GELDER 03/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EBERHART, JESS
Address: 1144 DRIFTWOOD POINT RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP ( ) Delete
Name: HOPSON, JIM
Address: 1001 DRIFTWOOD POINT RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD ( ) Delete
Name: LAUNCH, CINDY
Address: 130 W. SHIPWRECK RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD ( ) Delete
Name: OSBORNE, ALAN
Address: 253 DRIFTWOOD POINT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DVP ( ) Delete
Name: BURETTA, MARIE
Address: 178 DRIFTWOOD POINT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: MORIN, JOHN
Address: 187 E SHIPWRECK RD.
City-St-Zip: SANTA ROSA BEACH, FL 32550

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:

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: JIM HOPSON DP 03/24/2009
Electronic Signature of Signing Officer or Director Date