2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002598

FILED Apr 06, 2010 Secretary of State

Entity Name: GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10221 EMERALD COAST PKWY W

STE 23

MIRAMAR BEACH, FL 32550 US

Current Mailing Address: New Mailing Address:

10221 EMERALD COAST PARKWAY WEST 10221 EMERALD COAST PARKWAY WEST

SUITE 23 SUITE 23

MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELDER, JAY GELDER, JAY B

10221 EMERALD COAST PKWY W 10221 EMERALD COAST PKWY W STE 23 STE 23

MIRAMAR BEACH, FL 32550 US 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 B GELDER 04/06/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: EBERHART, JESS

Address: 1144 DRIFTWOOD POINT RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: PD

Name: HOPSON, JIM

Address: 1001 DRIFTWOOD POINT RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VPSD

Name: BURETTA, MARIE

Address: 178 DRIFTWOOD POINT RD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: TD

Name: OSBORNE, ALAN

Address: 253 DRIFTWOOD POINT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title:

Name: MORIN, JOHN

Address: 187 E. SHIPWRECK RD

City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: [

Name: HEFFERNAN, STU
Address: 388 E. SHIPWRECK RD

City-St-Zip: SANTA ROSA BEACH, FL 32550 US

I hereby 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 all other like empowered.

SIGNATURE: JIM HOPSON PD 04/06/2010