

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2009
Secretary of State**

DOCUMENT# N96000004617

Entity Name: THE RETREAT OF SOUTH WALTON COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PARKWAY WEST
SUITE 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 US

New Mailing Address:

FEI Number: 59-3401095 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 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: FLAUTT, FRANK
Address: 200 GRAND AVE. #205B
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: LOVELL, DAVE
Address: 27 SANDCASTLE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: EBERSFIELD, ED
Address: 675-2 WEST PACES FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30327

Title: STD () Delete
Name: LINDER, BILL
Address: 755 GRAND BLVD B105-298
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: ESTIS, DENNIS
Address: 3592 WAVERLY CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: DVP () Delete
Name: THALL, NEIL
Address: 4830 THE FOUR SEASONS, 75 14TH ST.
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOVELL, DAVE
Address: 40 ANTIGUA LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: FRANK FLAUTT

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date