## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005994

FILED Apr 20, 2009 Secretary of State

Entity Name: MYRTLE POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683 FEI Number: 59-3415572 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: HANSON, JACK B MELROSÉ-SOVEREIGN COMPANIES 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition RAYMOND, MICHAEL REGISTER, RICH Name: Name: 3902 MORENO DRIVE Address: 3895 MIMOSA PLACE Address: City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: PALM HARBOR, FL 34685 US Title: () Delete Title: (X) Change ( ) Addition SMART, HAROLD Name: SULTANA, FRAZIS Name: Address: 5441 MILLBROOK WAY Address: 3933 MIMOSA PLACE City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: SD () Delete Title: SD (X) Change ( ) Addition SANCHEZ, TED SALMEN, SHIRLEY Name: Name: 3879 MORENO DRIVE 3921 MIMOSA PLACE Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: TD () Delete Title: () Change () Addition Name: SALEM, BOB Name: 5289 MIRA VISTA DR Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: () Delete Title: () Change () Addition SCHULMAN, ERIC Name: Name: 3996 MIMOSA PLACE Address: Address: City-St-Zip: PALM HARBOR, FL 34685 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: RICH REGISTER P 04/20/2009