

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004983

FILED
Apr 09, 2009
Secretary of State

Entity Name: CIBONEY CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2076 SCENIC GULF DR
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2613
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3568825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RDF ASSOCIATES, INC
29-C MIRACLE STRIP PKWY SW
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: DVP () Delete
Name: DAVIS, SANDRA
Address: 207 WHISPER LN
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DP () Delete
Name: SHERRILL, JOELLYN
Address: P.O. BOX 1316
City-St-Zip: ANNISTON, AL 36202 US

Title: DS () Delete
Name: COWEN, JEFF
Address: 348 TUMBERRY RD
City-St-Zip: BIRMINGHAM, AL 35244 US

Title: DT () Delete
Name: RISCELLA, JIM
Address: 4632 ROBERTS
City-St-Zip: SHAWNEE, KS 66226 US

Title: D () Delete
Name: MEFFORD, TAB
Address: 5742 BROOKSTONE DR
City-St-Zip: ACWORTH, GA 30101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, SANDRA
Address: 207 WHISPER LN
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D (X) Change () Addition
Name: SHERRILL, JOELLYN
Address: P.O. BOX 1316
City-St-Zip: ANNISTON, AL 36202 US

Title: P (X) Change () Addition
Name: COWEN, JEFF
Address: 348 TUMBERRY RD
City-St-Zip: BIRMINGHAM, AL 35244 US

Title: T (X) Change () Addition
Name: PARVIN, LORRAINE
Address: 2076 SCENIC HWY 98
City-St-Zip: DESTIN, FL 32550 US

Title: ST (X) Change () Addition
Name: MEFFORD, TAB
Address: 5742 BROOKSTONE DR
City-St-Zip: ACWORTH, GA 30101 US

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: DEBBIE FOWNER

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date