

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004983

FILED  
Feb 06, 2012  
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: SEC  
Name: BROWN, CHARLES  
Address: 5000 14TH PLACE  
City-St-Zip: TUSCALOOSA, AL 35404

Title: P  
Name: PARVIN, LORRAINE  
Address: 2076 SCENIC GULF DR UNIT 3005  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: TREA  
Name: BELDON, MARK  
Address: 3019 WYNFREY PL  
City-St-Zip: MARIETTA, GA 30064 US

Title: VP  
Name: GRIGGS, JERRY  
Address: 202 CANDLEWOOD COVE  
City-St-Zip: JACKSON, TN 38305

Title: D  
Name: POUND, JOHN  
Address: 1130 15TH STREET  
City-St-Zip: COLUMBUS, GA 31901

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: DEBBIE FOWNER, RDF ASSOCIATES INC

MGR

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date