

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 044 ****61.25

DOCUMENT # N98000000041 1. Entity Name ISLAND PRINCESS OWNERS ASSOCIATION, INC.			
Principal Place of Business 520 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548		Mailing Address 520 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 2613 Suite, Apt. #, etc.	
City & State Zip		City & State Fort Walton Beach, FL Zip 32549	
Country Country		Country US	
4. FEI Number 59-3602841		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, RAYMOND F JR. BECKER & POLIAKOFF, P.A. 348 MIRACLE STRIP PKWY, SW STE 7 FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name Aaron K. Webber Street Address (P.O. Box Number is Not Acceptable) 29C Miracle Strip Pkwy SW City Fort Walton Beach FL Zip Code 32548	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Aaron K. Webber</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1-2-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORONA, DAVID 8633 TRAILWOOD BATON ROUGE, LA 70810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Brannock 2873 clary Hills Drive Roswell, GA 30075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSGROVE, GARY 118 LISA MARIE PLACE SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRAWAY, DAVID 5845 BROOKSTONE WALK ACWORTH, GA 30101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, PHILLIP 420 WILDER TERRACE MARIETTA, GA 30064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, KIM 4745 SPRING PARK CIRCLE SUWANNE, GA 30024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbree, John 4421 common Drive East #300 Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYATT, DEBRA 520 SANTA ROSA BLVD FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Myatt, Debra 240 Brooks street SE unit C302 Fort Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Debra Myatt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>1-21-08</u> <small>Date</small>	