

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003700

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE TIDES AT TOPS'L OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9001 HWY 98 W
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

550 TOPS'L BEACH BLVD
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3521895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELTON, ROBERT
550 TOPS'L BEACH BLVD
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: DP () Delete
Name: LEACH, DAVID
Address: 550 TOPS'L BEACH BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DV () Delete
Name: HAGER, ALEX
Address: 812 LAKE RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DS () Delete
Name: HENNESSEY, JIM
Address: 121 DEL MONTE CT
City-St-Zip: CHESTERFIELD, MO 63017 US

Title: DT () Delete
Name: LEE, BEN
Address: 1612 NEWCASTLE ST SUITE 200
City-St-Zip: BRUNSWICK, GA 31521 US

Title: D () Delete
Name: KOSSMAN, ED
Address: 1201 FARMER ST
City-St-Zip: CLEVELAND, MS 38732 US

Title: D () Delete
Name: MARTIN, ROY
Address: 13830 COWERT RD
City-St-Zip: ALPHARETTA, GA 30004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEACH, DAVID
Address: 550 TOPS'L BEACH BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VP (X) Change () Addition
Name: BELL, CLARKE
Address: 550 TOPS'L BEACH BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: S (X) Change () Addition
Name: HENNESSEY, JIM
Address: 121 DEL MONTE CT
City-St-Zip: CHESTERFIELD, MO 63017 US

Title: T (X) Change () Addition
Name: LEE, BEN
Address: 1612 NEWCASTLE ST SUITE 200
City-St-Zip: BRUNSWICK, GA 31521 US

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

Title: D (X) Change () Addition
Name: HENDERSON, HARRISON
Address: 639 LOYOLA AVE. - STE 2500
City-St-Zip: NEW ORLEANS, LA 70113 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: DAVID LEACH

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date