2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006047

FILED Apr 22, 2009 Secretary of State

Entity Name: ESCADA BLOCK A HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 600 CALLE ESCADA 99 CALLE ESCADA SANTA ROSA BEACH, FL 32459 US US SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** P.O. BOX 1132 SANTA ROSA BEACH, FL 32459 US FEI Number: 59-3539146 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: TARRER, LOYD 180 CULLMAN AVE. SANTA ROSA BEACH, FL 32459 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 () Change () Addition CECIL, CATE Name: Name: 21 CORTE PALMA Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: Title: Title: (X) Change () Addition () Delete CORCORON, TOM Name: CORCORAN, TOM Name: Address: 49 CORTE PALMA Address: 49 CORTE PALMA City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US Title: () Delete Title: () Change () Addition MOULTON, JAMES Name: Name: Address: 266 CALLE ESCADA Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: () Delete Title: DS Title: DST (X) Change () Addition Name: COMBS, PAT Name: COMBS, PAT 38 CORTE PALMA Address: Address: 38 CORTE PALMA City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US Title: () Delete Title: (X) Change () Addition SIBLEY, BEN SIBLEY, BEN Name: Name: 31 CORTE ROBLE 31 CORTE ROBLE Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 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: CECIL CATE DP 04/22/2009