2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001200

FILED Feb 11, 2009 Secretary of State

Entity Name: THE PEARL OF NAVARRE BEACH CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
8499 GULF NAVARRE	BLVD BEACH, FL 3	32566			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
8499 GULF BLVD NAVARRE BEACH, FL 32566				123 PALAFOX PLACE PENSACOLA, FL 32502	
FEI Number:	59-3560259	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:					
25 WALTER FORT WAL		OAD, NE , FL 32548 US	rpose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	E:				
	Electror	ic Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LEWIS, JAMES 2440 11TH AVE BIRMINGHAM,	SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () MORRIS, ROBI 2718 LONG LA ROSWELL, GA	KES DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BAKER, GARY 112 HOLLAND SHEFFIELD, AI	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () WOOD, DON 3 8165 WOOD S COVINGTON, G	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LARSON, SUE 5735 BABE SM SILVER POINT		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JIMMY LEWIS P 02/11/2009