## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003288

FILED Apr 16, 2009 Secretary of State

Entity Name: FOUNTAIN PLAZA OWNERS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

12815 HWY 98 W 12815 HIGHWAY 98 WEST

100 SUITE 100

MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

PO BOX 1779
DESTIN, FL 32540
P.O. BOX 1779
DESTIN, FL 32540

FEI Number: 59-3620631 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:

SMITH, LORETTA W CAM
12815 HWY 98 STE 100
SMITH, LORETTA W CAM
12815 HIGHWAY 98 WEST

MIRAMAR BCH, FL 32550 US SUITE 100
MIRAMAR BEACH, FL 32550 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: LORETTA SMITH 04/16/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: VP (X) Change () Addition

Name:KING, JOHN AName:CHANDLER, BILLYAddress:4101 INDIAN BAYOU NORTHAddress:3 SOUTHEAST BAY DRIVECity-St-Zip:DESTIN, FL 32541City-St-Zip:FT. WALTON BEACH, FL 32548

Title: PD ( ) Delete Title: P (X) Change ( ) Addition

Name: ANDREWS, JERRY Name: ANDREWS, JERRY
Address: 415 GULFSHORE DRIVE UNIT 16 Address: 415 GULFSHORE DRIVE UNIT 16

Address: 415 GULFSHORE DRIVE UNIT 16 Address: 415 GULFSHORE DRIVE UNIT 10 City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: TS () Delete Title: ST (X) Change () Addition Name: STEGNER, BOB Name: STEGNER, BOB

Address: 21 OSPREY COVE LN Address: 21 OSPREY COVE LN

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

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: JERRY ANDREWS P 04/16/2009