

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005701

FILED
Jan 13, 2009
Secretary of State

Entity Name: NORTH OKALOOSA COUNTY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3086 APLIN RD
CRESTVIEW, FL 32536

New Principal Place of Business:

3086 APLIN RD
CRESTVIEW, FL 32539

Current Mailing Address:

3086 APLIN RD
CRESTVIEW, FL 32536

New Mailing Address:

3086 APLIN RD
CRESTVIEW, FL 32539

FEI Number: 59-3646700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, JAMES R JR
6187 BETHANY DR.
CRESTVIEW, FL 32539 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: PD () Delete
Name: SHAFFER, JAMES
Address: 6187 BETHANY ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: HELLINGSHEAD, SUSAN MRS.
Address: 586 N FERDON BLVD
City-St-Zip: CRESTVIEW, FL 32536

Title: TS () Delete
Name: DAVIS, W D
Address: P.O. BOX 1513
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLLINGSHEAD, SUSAN MRS.
Address: 586 N FERDON BLVD
City-St-Zip: CRESTVIEW, FL 32536

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

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: SUSAN H. HOLLINGSHEAD

OFFI

01/13/2009

Electronic Signature of Signing Officer or Director

Date