2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007235

FILED Apr 16, 2009 Secretary of State

Entity Name: SILVER BEACH TOWERS PROPERTY OWNERS ASSOCIATION, INC.

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

1050 HWY 98 E STE 100 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

1050 HWY 98 E STE 100 DESTIN, FL 32541

FEI Number: 59-3724593 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:

NEWMAN, RAYMOND F 348 MIRACLE STRIP PKWY SW STE 7 FORT WALTON BEACH, FL 32548 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:

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

 Name:
 MASTANDREA, TONY
 Name:
 MASTANDREA, TONY

 Address:
 6155 GOLF CLUB DRIVE
 Address:
 6155 GOLF CLUB DRIVE

 City-St-Zip:
 BRASELTON, GA 30517
 City-St-Zip:
 BRASELTON, GA 30517

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

Name: SMITH, ED Name: SMITH, ED

Address: 1305 SUMMERHILL DR Address: 1305 SUMMERHILL DR
City-St-Zip: MALVERN, PA 19355 City-St-Zip: MALVERN, PA 19355

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

 Name:
 MASON, JOHN
 Name:
 SULLIVAN, GENE

 Address:
 45 RIDGELAND
 Address:
 1048 HWY 98 E, UNIT 1702W

City-St-Zip: TUSCALOOSA, AL 35406 City-St-Zip: DESTIN, FL 32541

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: ED SMITH PD 04/16/2009