

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:

1050 HWY 98 E
STE 100
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

1050 HWY 98 E
STE 100
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3724593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F
348 MIRACLE STRIP PKWY SW
STE 7
FORT WALTON BEACH, FL 32548 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: MASTANDREA, TONY
Address: 6155 GOLF CLUB DRIVE
City-St-Zip: BRASELTON, GA 30517

Title: ST () Delete
Name: SMITH, ED
Address: 1305 SUMMERHILL DR
City-St-Zip: MALVERN, PA 19355

Title: D () Delete
Name: MASON, JOHN
Address: 45 RIDGELAND
City-St-Zip: TUSCALOOSA, AL 35406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MASTANDREA, TONY
Address: 6155 GOLF CLUB DRIVE
City-St-Zip: BRASELTON, GA 30517

Title: PD (X) Change () Addition
Name: SMITH, ED
Address: 1305 SUMMERHILL DR
City-St-Zip: MALVERN, PA 19355

Title: ST (X) Change () Addition
Name: SULLIVAN, GENE
Address: 1048 HWY 98 E, UNIT 1702W
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

Electronic Signature of Signing Officer or Director

Date