

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055728

FILED
Apr 30, 2009
Secretary of State

Entity Name: AQUATIC RESORT PROPERTIES, INC.

Current Principal Place of Business:

1320 MIRACLE STRIP PKWY
STE 400
FT WALTON BEACH, FL 32548

New Principal Place of Business:

13330 US HWY 98 SE
DESTIN, FL 32550

Current Mailing Address:

1320 MIRACLE STRIP PKWY
STE 400
FT WALTON BEACH, FL 32548

New Mailing Address:

13330 US HWY 98 SE
DESTIN, FL 32550

FEI Number: 26-0151749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
STE 330
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KREUSER, WILLIAM GP
Address: 1320 MIRACLE STRIP PKWY
City-St-Zip: FT WALTON BEACH, FL 32548

Title: ST (X) Delete
Name: CLUCK, GAIL
Address: 1320 MIRACLE STRIP PKWY
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DVP (X) Delete
Name: TOLBERT, FRED E III
Address: 1320 MIRACLE STRIP PKWY
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WINJUM, BRENT
Address: 13330 US HWY 98 SE
City-St-Zip: DESTIN, FL 32550

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT WINJUM

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date