

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738126

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** THE PLACE 450, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

450 BEACH RD #1  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

450 BEACH RD #1  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 59-1871560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HYMAN, ROSALIND S  
450 BEACH ROAD, UNIT 1  
SARASOTA, FL 34242 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: D ( ) Delete  
Name: WAGNER, WALTER,  
Address: 450 BEACH RD UNIT 3  
City-St-Zip: SARASOTA, FL

Title: DS ( ) Delete  
Name: CHAMBERLAIN, SUSAN  
Address: 450 BEACH ROAD #5  
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete  
Name: HYMAN, ROSALIND  
Address: 450 BEACH ROAD #1  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: LAVIOE, LINDA  
Address: 450 BEACH RD #4  
City-St-Zip: SARASOTA, FL 34242

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: LAVOI, LINDA  
Address: 450 BEACH RD #4  
City-St-Zip: SARASOTA, FL 34242

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: ROSALIND S. HYMAN

DIR

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date