

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743480

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SPINDRIFT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2477 STICKNEY PT RD  
#118A  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

2477 STICKNEY PT RD  
#118A  
SARASOTA, FL 34231 US

**New Mailing Address:**

FEI Number: 59-2196657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARGUS PROPERTY MGMT, INC  
2477 STICKNEY POINT RD  
STE 118A  
SARASOTA, FL 34231 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: SD ( ) Delete  
Name: HUDSON, SARAH  
Address: 1418 LADUE LANE  
City-St-Zip: SARASOTA, FL 34231

Title: P ( ) Delete  
Name: WILSON, NANCY  
Address: 1830 STRATFORDS DR  
City-St-Zip: OWENSBORO, KY

Title: T ( ) Delete  
Name: TANG, ERIC  
Address: 140-10D RADNOR RD  
City-St-Zip: HOLLIS, NY 11423

Title: D ( ) Delete  
Name: LENG, GARY  
Address: 121 GRANTON DRIVE UNIT 121  
City-St-Zip: RICHMOND HILL, ONTARIO, CN L48 3N4

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

Title: S (X) Change ( ) Addition  
Name: HUDSON, SARAH  
Address: 1418 LADUE LANE  
City-St-Zip: SARASOTA, FL 34231

Title: P (X) Change ( ) Addition  
Name: WILSON, NANCY  
Address: 1830 STRATFORDS DR  
City-St-Zip: OWENSBORO, KY 42301

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

SIGNATURE: NANCY WILSON

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date