

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755818

FILED
Jan 21, 2008
Secretary of State

Entity Name: VEL GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2395 HARBOR BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 339380758 US

New Mailing Address:

FEI Number: 59-2286974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGELS, EILEEN
23081 HARBORVIEW RD. 2ND FL
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

INGELS, EILEEN
1532 RIO DE JANEIRO AVENUE
PUNTA GORDA, FL 33983 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:

01/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PITTENGER, PATRICIA
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: S () Delete
Name: BARKER, ANGELA
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VP () Delete
Name: PAUL, WALTER
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: P () Delete
Name: GLORIUS, MARTHA L.
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: HUGHES, EMILY
Address: 2395 HARBOR BLVD #318-B
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: JOHNSON, GENEVIEVE
Address: 2395 HARBOR BLVD #315-B
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PAUL, WALTER
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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

Title: VP (X) Change () Addition
Name: HUGHES, EMILY
Address: 2395 HARBOR BLVD #318-B
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MARTHA GLORIUS

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date