

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762104

FILED
Jun 24, 2009
Secretary of State

Entity Name: SOMBRERO BEACH APARTMENTS CONDOMINIUM, INC.

Current Principal Place of Business:

302 SOMBRERO BEACH RD
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

1379 WATERTREE RD
TERRE HAUTE, IN 47803 US

New Mailing Address:

FEI Number: 59-2407592 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRUTTO, JOSEPH
11273 SW 244 TERR
HOMESTEAD, FL 33032 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: V () Delete
Name: BRUTTO, JOSEPH OFFICER
Address: 11273 SW 244 TERR
City-St-Zip: HOMESTEAD, FL 33032 US

Title: S () Delete
Name: GAGLIARDINI, NANCY
Address: 302 #3 SOMBRERO RD.
City-St-Zip: MARATHON, FL

Title: P () Delete
Name: BARBOUR, STEVE
Address: 302 #1 SOMBRERO RD.
City-St-Zip: MARATHON, FL

Title: T () Delete
Name: BROCKMEIER, CHRIS L
Address: 302 #4 SOMBRERO RD
City-St-Zip: MARATHON, FL

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: () 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: STEPHEN BARBOUR

MGR.

06/24/2009

Electronic Signature of Signing Officer or Director

Date