

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003668

FILED
Apr 30, 2009
Secretary of State

Entity Name: PROMENADE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

860 NORTH ORANGE AVENUE
SUITE 135
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

860 NORTH ORANGE AVENUE
SUITE 135
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-2656581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WONSETLER, KAREN P.A.
860 N. ORANGE AVENUE
SUITE 135
ORLANDO, FL 32801 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: PD () Delete
Name: NAKHJAVANI, ABI
Address: 6336 BUFORD ST. #802
City-St-Zip: ORLANDO, FL 32835

Title: VD () Delete
Name: PORTER, ADRIAN
Address: 6336 BUFORD ST. #209
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: SOLOMON, JUNE
Address: 6336 BUFORD ST. #301
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: KASPER, WILLIAMS
Address: PO BOX 22213
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KASPER, BILL
Address: 860 N.ORANGE AVE STEB
City-St-Zip: ORLANDO, FL 32801

Title: VD (X) Change () Addition
Name: PORTER, ADRIAN
Address: 860 N.ORANGE AVE STE B
City-St-Zip: ORLANDO, FL 32801

Title: TD (X) Change () Addition
Name: SOLOMON, JUNE
Address: 860 N ORANGE AVE STE B
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: WERMUTH, SUSAN
Address: 860 N ORANGE AVE STE B
City-St-Zip: ORLANDO, FL 32801

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: BILL KASPER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date