

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 18, 2009  
Secretary of State**

DOCUMENT# N05000009894

**Entity Name:** 1377 SOUTH LEAVITT AVENUE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1377 S LEAVITT AVE  
SUITE 103  
ORANGE CITY, FL 32763**New Principal Place of Business:**1377 S LEAVITT AVE  
SUITE 102  
ORANGE CITY, FL 32763**Current Mailing Address:**1377 S LEAVITT AVE  
SUITE 103  
ORANGE CITY, FL 32763**New Mailing Address:**1377 S LEAVITT AVE  
SUITE 101  
ORANGE CITY, FL 32763

FEI Number: 59-3821977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**POLIZZ, LYNNEA M  
1377 S LEAVITT AVE SUITE 103  
ORANGE CITY, FL 32763 US**Name and Address of New Registered Agent:**BURKE, RENEE L  
1377 S LEAVITT AVE SUITE 102  
ORANGE CITY, FL 32763 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: RENEE BURKE

11/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: POLIZZI, LYNNEA  
Address: 1377 S LEANITT AVE., UNIT 103 & 104  
City-St-Zip: ORANGE CITY, FL 32763

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: BURKE, RENEE  
Address: 1377 S LEANITT AVE., UNIT 102  
City-St-Zip: ORANGE CITY, FL 32763

Title: VP ( ) Change (X) Addition  
Name: BERRY, SEAN  
Address: 1377 S LEANITT AVE., UNIT 101  
City-St-Zip: ORANGE CITY, FL 32763

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: RENEE BURKE

P

11/18/2009

Electronic Signature of Signing Officer or Director

Date