

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010409

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** MARIPOSA AT WHIPPOORWILL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 MARIPOSA CIRCLE  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DIRECTORS CHOICE, LLC  
PO BOX 1405  
NAPLES, FL 341061405 US

**New Mailing Address:**

FEI Number: 20-3597775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROWN, GARY L  
C/O PHILLIPS, EISINGER & BROWN, P.A.  
4000 HOLLYWOOD BLVD STE 265 SOUTH  
HOLLYWOOD, FL 33021 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: DP ( ) Delete  
Name: ZUCKERMAN, ANDREW  
Address: 6131 LYONS ROAD, SUITE #200  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: DVT ( ) Delete  
Name: ZUCKERMAN, STEVEN  
Address: 6131 LYONS ROAD, SUITE # 200  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: DS ( ) Delete  
Name: GODDARD, GLORIA  
Address: 6131 LYONS ROAD, SUITE #200  
City-St-Zip: COCONUT CREEK, FL 33073 US

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

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

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

Title: DS (X) Change ( ) Addition  
Name: GODDARD, GLORIA  
Address: PO BOX 1405  
City-St-Zip: NAPLES, FL 34106 US

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: GLORIA GODDARD

DS

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date