

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

DOCUMENT# N94000002624

Entity Name: CATTLEMEN CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

999 CATTLEMEN RD  
UNIT G  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

999 CATTLEMEN RD  
UNIT A  
SARASOTA, FL 34232 US

**Current Mailing Address:**

2315 53RD ST.  
SARASOTA, FL 342343107 US

**New Mailing Address:**

FEI Number: 65-0536403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAQUETTE, DENNIS  
2315 53RD ST.  
SARASOTA, FL 342343107 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: TAYLOR, RICK  
Address: 143 DAVINCI DR  
City-St-Zip: NOKOMIS, FL 34275

Title: STD ( ) Delete  
Name: PAQUETTE, DENNIS  
Address: 2315 53RD ST.  
City-St-Zip: SARASOTA, FL 342343107

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

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

Title: PD (X) Change ( ) Addition  
Name: KUTNO, IRVING  
Address: 999A CATTLEMEN RD  
City-St-Zip: SARASOTA, FL 34232

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

Title: VPD ( ) Change (X) Addition  
Name: HOLZSCHAH, GARY  
Address: 999H CATTLEMEN RD  
City-St-Zip: SARASOTA, FL 34234

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: DENNIS PAQUETTE

STD

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date