

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08246

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: 3485 PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

421 GOLD MEDAL COURT  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 521728  
LONGWOOD, FL 327521728 US

**New Mailing Address:**

421 GOLD MEDAL COURT  
LONGWOOD, FL 32750 US

FEI Number: 59-2712742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHAMBERS, JACQUELINE J.  
4101 LAKE MIRA DRIVE  
ORLANDO, FL 32817 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: JORGENSEN, PHILIP D.  
Address: 128 PARSONS ROAD  
City-St-Zip: LONGWOOD, FL

Title: STD ( ) Delete  
Name: CHAMBERS, JACQUELINE, J.  
Address: 4101 LAKE MIRA DRIVE  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: CHAMBERS JR., WARREN C.  
Address: 4101 LAKE MIRA DRIVE  
City-St-Zip: ORLANDO, FL

Title: VP ( ) Delete  
Name: MALLARD, CATHLEEN E  
Address: 3485 SO. ATLANTIC AVENUE, 2S  
City-St-Zip: COCOA BEACH, FL

Title: D ( ) Delete  
Name: JARNAGIN, PAT  
Address: 11632 NW 142ND AVENUE  
City-St-Zip: POLK CITY, IO

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

Title: PD (X) Change ( ) Addition  
Name: JORGENSEN, PHILIP D.  
Address: 128 PARSONS ROAD  
City-St-Zip: LONGWOOD, FL 32750

Title: STD (X) Change ( ) Addition  
Name: CHAMBERS, JACQUELINE, J.  
Address: 4101 LAKE MIRA DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change ( ) Addition  
Name: CHAMBERS JR., WARREN C.  
Address: 4101 LAKE MIRA DRIVE  
City-St-Zip: ORLANDO, FL 32817

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: PHILIP D JORGENSEN

PD

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date