

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750433

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE COURAGEOUS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9525 BLIND PASS ROAD
ST. PETERSBURG BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-2163252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, BRIAN K.
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 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: SWINBURNE, DAVID
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: DS () Delete
Name: DEAN, ALICE
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TD () Delete
Name: WARREN, JACK
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: RIPPLE, ROBERT
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VPD () Delete
Name: KARPINSKI, JOHN
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DAVID SWINBURNE

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date