2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23661

FILED Feb 27, 2009 Secretary of State

Entity Name: THE HABITAT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

820 HIDEAWAY CIRCLE EAST MARCO ISLAND, FL 34145 US

Current Mailing Address: New Mailing Address:

820 HIDEAWAY CIRCLE EAST

MARCO ISLAND, FL 34145 US

834 BALD EAGLE DRIVE

MARCO ISLAND, FL 34145 US

FEI Number: 65-0052950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GRUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145 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:

Clarity via Cinnethus of Devictor of Annut

Electronic Signature of Registered Agent

Date
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 FREEMAN, BARBARA
 Name:
 ARCHIPLEY, JOAN

 Address:
 52 CARRIE CIRCLE
 Address:
 828 HIDEAWAY CIRCLE

 City-St-Zip:
 FAIRFIELD, CT 06825
 City-St-Zip:
 MARCO ISLAND, FL 34145

Title: VD () Delete Title: VD (X) Change () Addition Name: SMITH, VALERIE Name: SMITH, VALERIE

 Address:
 812 HIDEAWAY CIRCLE #115
 Address:
 P.O. BOX 1212

 City-St-Zip:
 MARCO ISLAND, FL 34145
 City-St-Zip:
 MARSHFIELD, MA 02050

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LANOIX, MARGE
 Name:
 MCLAUGHLIN, JOHN

 Address:
 824 HIDEAWAY CIRCLE #112
 Address:
 74 LAWLEY STREET

 City-St-Zip:
 MARCO ISLAND, FL 34145
 City-St-Zip:
 DORCHESTER, PA 02122

Title: S () Delete Title: S (X) Change () Addition

 Name:
 GILLIGAN, BRÍAN
 Name:
 GILLIGAN, BRÍAN

 Address:
 812 HIDEAWAY
 Address:
 812 HIDEAWAY #112

 City-St-Zip:
 MARCO ISLAND, FL 34145
 City-St-Zip:
 MARCO ISLAND, FL 34145

Title: PD () Delete Title: () Change () Addition

 Name:
 CATALDO, THOMAS
 Name:

 Address:
 BOX 2252 8 S STATION ST
 Address:

 City-St-Zip:
 DUXBURY, MA 02332
 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: THOMAS CATALDO PD 02/27/2009