

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722071

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALLAMANDA CONDOMINIUM APARTMENTS, INC.

Current Principal Place of Business:

10 BARRACUDA LANE
KEY LARGO, FL 33037

New Principal Place of Business:

1 BARRACUDA LANE
KEY LARGO, FL 33037

Current Mailing Address:

10 BARRACUDA LANE
KEY LARGO, FL 33037

New Mailing Address:

1 BARRACUDA LANE
KEY LARGO, FL 33037

FEI Number: 59-1507415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, EVELYN
10 BARRACUDA LANE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

MOSS & ASSOCIATES PROPERTY MGMT.
1 BARRACUDA LANE
KEY LARGO, FL 33037 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: EVELYN MOSS

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIPICH, ROBERT
Address: 10 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: VPD () Delete
Name: MEDINGER, JOANNE
Address: 10 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: MOSS, EVELYN
Address: 10 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: TD () Delete
Name: MARTIN, RONALD
Address: 10 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIPICH, ROBERT
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: VP (X) Change () Addition
Name: MEDINGER, JOANNE
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: S (X) Change () Addition
Name: MOSS, EVELYN
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: T (X) Change () Addition
Name: MARTIN, RONALD
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

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: EVELYN MOSS

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04/15/2009

Electronic Signature of Signing Officer or Director

Date