2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724392

FILED May 01, 2009 Secretary of State

Entity Name: PRIVATEER NORTH CONDOMINIUM ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:
	VN CENTER PARKWAY TON, FL 34202 US	
Current N	Mailing Address:	New Mailing Address:
	VN CENTER PARKWAY TON, FL 34202 US	
ln accordar	r: 59-1540826 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation d d Address of Current Registered Agent	id not receive the prior notice.
9031 TOV	S & WILSON VN CENTER PKWY TON, FL 34202 US	
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VPD () Delete LANGENBACH, WERNER 1050 LONGBOAT CLUB RD #403 LONGBOAT KEY, FL 34228	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete MILLER, ROSEMARY 33291 OCEAN HILL DR DANA POINT, CA 92629	Title: () Change () Addition Name: Address: City-St-Zip:
Oity Ot Lip.		• •
Title: Name: Address:	TD () Delete ERICKSON, DAVID 1740 HILLSIDE DR #103 ELLISON BAY, WI 54210	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ERICKSON, DÁVID 1740 HILLSIDE DR #103	Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	ERICKSON, DÁVID 1740 HILLSIDE DR #103 ELLISON BAY, WI 54210 PD () Delete MOELLER, MARY LOU 5111 WIND POINT RD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: DOUGLAS E WILSON AS 05/01/2009