2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 725625

Entity Name: HUTCHINSON HOUSE CONDOMINIUM, INC.

Current Principal Place of Business:

1550 NE OCEAN BLVD.
STUART, FL 34996 US

New Principal Place of Business:

1550 NE OCEAN BLVD.
G-101
STUART, FL 34996 US

Current Mailing Address:

1550 NE OCEAN BLVD.
G-101
STUART, FL 34996 US

New Mailing Address:

FEI Number: 59-1575104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSS, DEBORAH
759 S. FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 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:	TD	( ) Delete
Name:	STOCKMAN, BILL	
Address:	1550 NE OCEAN BLVD F303	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	STARK, BOB	
Address:	1555 N.E. OCEAN BLVD. N303	
City-St-Zip:	STUART, FL 34996	
Title:	SD	( ) Delete
Name:	BESSETTE, OLIVER	
Address:	1550 NE OCEAN BLVD A207	
City-St-Zip:	STUART, FL 34996	
Title:	PD	( ) Delete
Name:	PARRISH, TOM	
Address:	1550 NE OCEAN BLVD F304	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	DELGADO, ROBIN	
Address:	1555 NE OCEAN BLVD N101	
City-St-Zip:	STUART, FL 34996	
Title:	VPD	( ) Delete
Name:	CHURCH, ROY	
Address:	1545 NE OCEAN BLVD, 202	
City-St-Zip:	STUART, FL 34996	

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:	D	(X) Change ( ) Addition
Name:	WEBB, DORIS	
Address:	1555 NE OCEAN BLVD N101	
City-St-Zip:	STUART, FL 34996	
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: THOMAS A. PARRISH PD 03/24/2009

Electronic Signature of Signing Officer or Director — Date