

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727046

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** PIERRE CLUB CONDOMINIUM ASSOCIATON, INC.

**Current Principal Place of Business:**

1222 GORDON DRIVE  
NAPLES, FL 33940 US

**New Principal Place of Business:**

**Current Mailing Address:**

745 - 12TH AVE. S.  
STE AA  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 59-1623696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE PROPERTY MANAGEMENT  
745 12TH AVE S.  
SUITE D  
NAPLES, FL 33940 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: VP ( ) Delete  
Name: MAINOUS, JOSEPH  
Address: 1222 GORDON DR. #2  
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete  
Name: SISK, ROBERT  
Address: 3 MILLIGAN DR  
City-St-Zip: WALLINGFORD, CT 06492

Title: P ( ) Delete  
Name: CARPENTER, SUSAN  
Address: 1222 GORDON DR 311  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: HARPER, BEVERLY  
Address: 50 THREE SISTERS RD.  
City-St-Zip: ST. JAMES, NY 11780

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: SPERANDEO, MAIDA  
Address: 1222 GORDON DR. #19  
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change ( ) Addition  
Name: GAGO, CAROLYN  
Address: 1957 BALTIMORE RD  
City-St-Zip: LEXINGTON, KY 40502

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

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

Title: TD ( ) Change (X) Addition  
Name: SCHUMACHER, MICHAEL  
Address: 809 OAKWOOD AVE  
City-St-Zip: DAYTON, OH 45419

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: SUSAN CARPENTER

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date