

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727599

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** EL PRESIDENTE CONDOMINIUM APARTMENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

6326 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

6326 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 59-1590731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, KEVIN L  
630 SOUTH ORANGE AVENUE  
3RD FLOOR  
SARASOTA, FL 34236 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: VD ( ) Delete  
Name: LATTANZIO, DALE VP  
Address: 6326 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete  
Name: JOSEPH, RUELI TREASUR  
Address: 65 SOMERWYND LANE  
City-St-Zip: SUFFIELD, CT 06078

Title: VD ( ) Delete  
Name: SALAMEY, LARRY VP  
Address: 110 SCHOOLHOUSE RD.  
City-St-Zip: UTICA, NY 13502

Title: SD ( ) Delete  
Name: ADELMANN, PHYLLIS SECRETA  
Address: 13719 COTTONWOOD LANE  
City-St-Zip: PLAINFIELD, IL 60544

Title: PD ( ) Delete  
Name: GAMMELLO, JAMES M PRESIDE  
Address: 28859 RANCHETTE DRIVE  
City-St-Zip: PEQUOT LAKES, MN 56472

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

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

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

Title: SD (X) Change ( ) Addition  
Name: SALAMEY, LARRY SD  
Address: 110 SCHOOLHOUSE RD.  
City-St-Zip: UTICA, NY 13502

Title: VD (X) Change ( ) Addition  
Name: SCULLY, STEVE VD  
Address: POST OFFICE BOX #185  
City-St-Zip: NORTH ANDOVER, MA 01845

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: DALE LATTANZIO

VP

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date