

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727599

FILED
May 06, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 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: SD () Delete
Name: SALAMEY, LARRY SD
Address: 110 SCHOOLHOUSE RD.
City-St-Zip: UTICA, NY 13502

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

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: VD (X) Change () Addition
Name: CUMMINGS, DAVID VP
Address: 3220 MADONN
City-St-Zip: EDGEWOOD, KY 41017

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

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

Title: D (X) Change () Addition
Name: NALLY, ROBERT D
Address: 8912 LIPPINCOT ROAD
City-St-Zip: LOUISVILLE, KY 40222

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: LAURENCE SALAMEY

SD

05/06/2009

Electronic Signature of Signing Officer or Director

Date