2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 728482

Entity Name: FLEUR DE LIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1005 KNOX MCRAE DR
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

PO BOX 2133
TITUSVILLE, FL 327812133 US

New Mailing Address:

FEI Number: 59-1542109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, CATHRYN L
3575 LIONEL RD
MIMS, FL 32754 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: PD ( ) Delete
Name: MORRIS, CATHRYN L
Address: 3575 LIONEL RD
City-St-Zip: MIMS, FL 32754 US

Title: VPD ( ) Delete
Name: MCKENNA, AARON
Address: 1005 KNOX MCRAE D #210
City-St-Zip: TITUSVILLE, FL 32780 US

Title: TD ( ) Delete
Name: MCQUIN, BRUNI
Address: 1005 KNOX MCRAE DR 208
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D ( ) Delete
Name: AIKEN, TAMMY
Address: 1005 KNOX MCRAE DRIVE # 109
City-St-Zip: TITUSVILLE, FL 32780 US

Title: SD ( ) Delete
Name: MILLS, TERESA
Address: 1005 KNOX MCRAE DR 110
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: MCKENNA, AARON
Address: 1005 KNOX MCRAE DR, #210
City-St-Zip: TITUSVILLE, FL 32780 US

Title: TD (X) Change ( ) Addition
Name: MCQUIN, BRUNI
Address: 1005 KNOX MCRAE DR, # 208
City-St-Zip: TITUSVILLE, FL 32780 US

Title: SD (X) Change ( ) Addition
Name: SALASEK, LAWRENCE
Address: 1005 KNOX MCRAE DR, #101
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D (X) Change ( ) Addition
Name: GARCEAU, PAUL
Address: 1005 KNOX MCRAE DR, #105
City-St-Zip: TITUSVILLE, FL 32780

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: LAWRENCE J. SALASEK SD 01/12/2009

Electronic Signature of Signing Officer or Director — Date