

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728482

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**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  
**Name:** MORRIS, CATHRYN L  
**Address:** 3575 LIONEL RD  
**City-St-Zip:** MIMS, FL 32754 US

**Title:** SD  
**Name:** SALASEK, LAWRENCE J  
**Address:** 1005 KNOX MCRAE DR, #101  
**City-St-Zip:** TITUSVILLE, FL 32780 US

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

I hereby 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 all other like empowered.

**SIGNATURE:** LAWRENCE J. SALASEK

SEC

01/05/2010

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

\_\_\_\_\_  
Date