

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728991

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** MARISOL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

834 BALD EAGLE DR  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

921 SEAGRAPE  
MARCO ISLAND, FL 34145 US

**Current Mailing Address:**

834 BALD EAGLE DR  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

**FEI Number:** 59-1834152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RESORT MANAGEMENT  
834 BALD EAGLE DR  
MARCO ISLAND, FL 34145 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: PURERICH, EDWARD  
Address: 921 SEAGRAPE DR #409  
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD ( ) Delete  
Name: CARNEY, WILLIAM  
Address: 37 WARM PATUCK AVE  
City-St-Zip: SCITUATE, MA 02066

Title: VD ( ) Delete  
Name: BROOK, BOB  
Address: 8091 POLOMINO DRIVE  
City-St-Zip: NAPLES, FL 34113

Title: VD ( ) Delete  
Name: FERRIGNO, JOSEPH  
Address: 921 SEAGROUPE DR. #208  
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD ( ) Delete  
Name: HARNEY, WILLIAM  
Address: 921 SEAGRAPE DR #506  
City-St-Zip: MARCO ISLAND, FL 34145

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

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

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

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

Title: VD (X) Change ( ) Addition  
Name: STRIDE, JUNE  
Address: 921 SEAGROUPE DR. #302  
City-St-Zip: MARCO ISLAND, FL 34145

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: EDWARD PUREVICH

PD

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date