## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#729832**

FILED Apr 14, 2009 Secretary of State

Entity Name: ERROL BY THE SEA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4501 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** 4501 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169 FEI Number: 59-1637178 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASON, CHENEY 3391 LAKEVIEW OAKS DR LONGWOOD, FL 32779 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ERIKSSON, MARTHA Name: Name: 2050 SPRINGS LANDING BLVD Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: Title: () Change () Addition ( ) Delete MOORE, W. I Name: Name: Address: 2331 MIDDLECOFF COURT Address: City-St-Zip: TITUSVILLE, FL City-St-Zip: Title: PD () Delete Title: () Change () Addition MASON, CHENEY Name: Name: 3391 LAKEVIEW OAKS DR Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: VPD ( ) Delete Title: () Change () Addition Name: VINCI, ROGER Name: Address: 3915 ELREY RD Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: (X) Delete Title: () Change () Addition LACOVERA, JAMES Name: Name: 2354 LAKE SHORE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GLASSMEYER, ROBERT G LEE LYNWOOD A Name: Name: Address: 762 E WILDMERE AVENUE Address: 9236 PENELOPE DR LONGWOOD, FL 32779 WEEKI WACHI, FL 34613 City-St-Zip: 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: ROBERT G. GLASSMEYER, TREA TD 04/14/2009