## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 735251** 

FILED Apr 28, 2009 Secretary of State

Entity Name: CONTINENTAL CONDOMINIUM MANAGEMENT, INC.

| Current Principal Place of Business:   |   |                            | New Princ                                   | New Principal Place of Business:   |          |  |
|--|---|----------------------------|---|--|----------|--|
|  | NT BEACH RD<br>ITY BEACH, FI                                |                            |   |  |          |  |
| Current Mailing Address:   |   |                            | New Mailii                                  | New Mailing Address:   |          |  |
|  | NT BEACH RD<br>ITY BEACH, FI                                |                            |   |  |          |  |
| FEI Number:  | 62-0977168  | FEI Number Applied For ( ) | l Number Not Appli                          | licable ( ) Certificate of Status D  | esired() |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |   |                            |   |  |          |  |
| NOLIN, SUE<br>558 NORTH LAKESHORE DR<br>PANAMA CITY, FL 32413 US   |   |                            |   |  |          |  |
| 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:  |   |                            | ADDITION                                    | ${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$                               |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | T () E<br>WISEMAN, BRUG<br>1179 KINLOCK E<br>TROY, MI 48098 | DR .                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition  |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | P () E<br>BUTLER, MIKE<br>6770 ARNO ALLI<br>COLLEGE GROV    |                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition  |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | S ()E<br>TURNER, NANCY<br>2805 HARRISON<br>LAWRENCE, KS     | PLACE                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | S (X) Change ( ) Addition<br>MILSTEAD, WAYNE<br>1262 HUEYTOWN RD<br>HUEYTOWN, AL 35023 |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D (X) I<br>MILSTEAD, WAY<br>1262 HUEYTOWN<br>HUEYTOWN, AL   | N RD                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D (X) [<br>PHILLIPS, SCOT<br>134 HURRICANE<br>LAWRENCEVILL  | SCHOALS RD                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |          |  |

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: SUE NOLIN M 04/28/2009