

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738101

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: ANNA MARIA CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

4113 SE 19TH PL  
#100  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

4113 SE 19TH PL  
#100  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 59-1886019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEDEL, LINDA  
4113 SE 19TH PLACE  
#100  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

SCOTT, ROSE  
4113 SE 19TH PLACE  
#100  
CAPE CORAL, FL 33904 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: ROSE SCOTT

01/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: HARMER, ROBERT  
Address: 4117 SE 19TH PLACE #207  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: YOUNG, BELMIRA  
Address: 4117 SE 19TH PL #108  
City-St-Zip: CAPE CORAL, FL 33904

Title: P ( ) Delete  
Name: LEDEL, LINDA  
Address: 4113 S.E. 19 PLACE #106  
City-St-Zip: CAPE CORAL, FL 33904

Title: YD ( ) Delete  
Name: SCOTT, ROSE  
Address: 1949 SOUTHEAST BEACH PARK WAY #116  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: DOELLE, BARBARA  
Address: 1941 BEACH PKWY #212  
City-St-Zip: CAPE CORAL, FL 33904

## 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: YD (X) Change ( ) Addition  
Name: SCOTT, ROSE  
Address: 1949 BEACH PARK WAY #116  
City-St-Zip: CAPE CORAL, FL 33904

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: ROSE SCOTT

TRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date