

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739403

FILED
Apr 09, 2009
Secretary of State

Entity Name: SPLINTERWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3050 HORSES HOE DR N.
#275
NAPLES, FL 34104

New Principal Place of Business:

3050 HORSESHOE DR N.
#275
NAPLES, FL 34104

Current Mailing Address:

3050 HORSES HOE DR N.
#275
NAPLES, FL 34104

New Mailing Address:

3050 HORSESHOE DR N.
#275
NAPLES, FL 34104

FEI Number: 59-1825566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER TRIAD MGMT GROUP
3050 HORSESHOE DR. N., #275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

VANDALL, BONITA D
3050 HORSESHOE DR. N., #275
NAPLES, FL 34104 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: BONITA VANDALL

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HUSTON, CHARLES
Address: 845 PALMVIEW DR
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: POPPA, JORDAN
Address: 829 PALM VIEW DR
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: ELLIS, ROBERT
Address: 833 PALM VIEW DR
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HUSTON, CHARLES
Address: 845 PALMVIEW DR #26
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Change () Addition
Name: POPPA, JORDAN
Address: 829 PALM VIEW DR #14
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change () Addition
Name: INFANTI, JIM
Address: 781 PALM VIEW DR #6
City-St-Zip: NAPLES, FL 34110

Title: D () Change (X) Addition
Name: INFANTI, KATHI
Address: 781 PALM VIEW DR #6
City-St-Zip: NAPLES, FL 34110

Title: D () Change (X) Addition
Name: HOUSTON, MCKENNA
Address: 807 PALM VIEW DR #7
City-St-Zip: NAPLES, FL 34110

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: JORDAN POPPA

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date