2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739503

FILED Feb 27, 2009 Secretary of State

Entity Name: CROWS NEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 881 PANAMA CT 881 PANAMA CT P O BOX 1746 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 33969 **New Mailing Address: Current Mailing Address:** P O BOX 1746 P O BOX 1746 MARCO ISLAND, FL 34146 MARCO ISLAND, FL 34145 US US FEI Number: 59-2266548 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: SPENCE, LEE 881 PANÁMA CT. #306A MARCO ISLAND, FL 34145 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FUSCO, JOHN Name: Name: 246 W. 13TH STREET Address: Address: City-St-Zip: SHIP BOTTON, NJ 08008 City-St-Zip: Title: Title: () Delete (X) Change () Addition SPENCE, LEE Name: SPENCE, LEE Name: Address: 881 PANAMA CT., #306A Address: 881 PANAMA CT. #306A City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 Title: SD Title: SD (X) Change () Addition () Delete EVANS, ANN EVANS, ANN Name: Name: 881 PANAMA CT #307A Address: Address: 8 HILLCREST City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: SPRINGFIELD, IL 62704 Title: VD () Delete Title: VD (X) Change () Addition Name: MARFURT, WILLIAM Name: MARFURT, WILLIAM 5176 WILLOWBROOK WEST Address: 881 PANAMA CT., #101B Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: CLARENCE, NY 14031 Title: () Delete Title: () Change () Addition MARINELLI, DANIEL Name: Name: 12217 CASTLE PINES DRIVE Address: Address: City-St-Zip: BELTSVILLE, MD 20705 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: LEE SPENCE D 02/27/2009