2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# 741107

Entity Name: DRIFTWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1345 MEDITERRANEAN DR.
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST., STE 112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2606141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, JOAN
100 SULLIVAN ST., STE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Title:	SD	( ) Delete
Name:	TSAI, PING	
Address:	1345 MEDITERRANCEAN DR.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	SD	( ) Delete
Name:	LAFAZIA, CAROLE	
Address:	99 WOOD COVE DR	
City-St-Zip:	COVENTRY, RI 02816	
Title:	D	( ) Delete
Name:	LOUGHRAN, RICHARD	
Address:	89-10 35TH AVE	
City-St-Zip:	JACKSON HEIGHTS, NY 11372	
Title:	VPD	( ) Delete
Name:	EGEBERG, WALTER	
Address:	1541 WICKE AVE	
City-St-Zip:	DES PLAINES, IL 60018	
Title:	PD	(X) Delete
Name:	HAVEL, RAYMOND	
Address:	POB 122	
City-St-Zip:	NICHOLS, IA 52766	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	LAFAZIA, CAROLE	
Address:	99 WOOD COVE DR	
City-St-Zip:	COVENTRY, RI 02816	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	EGEBERG, WALTER	
Address:	1541 WICKE AVE	
City-St-Zip:	DES PLAINES, IL 60018	
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: WALTER EGEBERGH PRES 02/28/2009

Electronic Signature of Signing Officer or Director — Date