

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742196

FILED
Mar 02, 2008
Secretary of State

Entity Name: PIER 550 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

550 GOLDEN GATE POINT
SARASOTA, FL 34236

New Principal Place of Business:

550 GOLDEN GATE POINT
SARASOTA, FL 34236 US

Current Mailing Address:

550 GOLDEN GATE POINT
SARASOTA, FL 34236

New Mailing Address:

550 GOLDEN GATE POINT
SARASOTA, FL 34236 US

FEI Number: 59-1832525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKAY, TELESE B
2055 WOOD STREET
SARASOTA, FL 34237 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: PD () Delete
Name: HEDGE, THOMAS
Address: 101 SUNSET DRIVE #203
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: JONES, SHIRLEY
Address: 590 GOLDEN GATE POINT #10
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: HOOLEY, PATRICIA
Address: 590 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: TUTTLE, MARTIN
Address: 616 GOLDEN GATE POINT #1
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: RAYFIELD, BEVERLY
Address: 632 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HEDGE, THOMAS
Address: 101 SUNSET DRIVE #203
City-St-Zip: SARASOTA, FL 34236 US

Title: DV (X) Change () Addition
Name: JONES, SHIRLEY
Address: 590 GOLDEN GATE POINT #10
City-St-Zip: SARASOTA, FL 34236 US

Title: DT (X) Change () Addition
Name: HOOLEY, PATRICIA
Address: 590 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236 US

Title: S (X) Change () Addition
Name: TUTTLE, MARTIN
Address: 616 GOLDEN GATE POINT #1
City-St-Zip: SARASOTA, FL 34236 US

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: MARTIN TUTTLE

CAM

03/02/2008

Electronic Signature of Signing Officer or Director

Date