

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742933

FILED
Jan 06, 2009
Secretary of State

Entity Name: MERMAID CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

808 SE 46TH STREET
UNIT 2C
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA WALKER
808 SE 46TH STREET, #2C
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-1997213 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALKER, PATRICIA
808 SE 46TH
CAPE CORAL, FL 33904 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: D () Delete
Name: STEDDING, RICHARD
Address: 806 SE 46TH ST., 1F
City-St-Zip: CAPE CORAL, FL 33904 US

Title: STD () Delete
Name: WALKER, PATRICIA
Address: 808 SE 46TH ST, #2C
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD () Delete
Name: ESTHER, PARKER
Address: 808 SE 46TH ST., #1C
City-St-Zip: CAPE CORAL, FL 33904

Title: PS () Delete
Name: SMALL, P. GERALD
Address: 808 SE 46TH ST., #2B
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: () 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: PATRICIA WALKER

STD

01/06/2009

Electronic Signature of Signing Officer or Director

Date