## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#742970**

FILED Jun 26, 2009 Secretary of State

Entity Name: BIKINI PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1700 BIKINI CT 1706 BIKINI CT 101 102 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** 1750 BIKINI COURT 1706 BIKINI CT CAPE CORAL, FL 33904 102 CAPE CORAL, FL 33904 FEI Number: 59-1970199 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE BARNES 1750 BIKINI COURT CAPE CORAL, FL 33904 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 (X) Change ( ) Addition SANUNDSEN, ROY SAMUNDSEN, ROY Name: Name: 1700 BIKINI CT APT 104 Address: 1700 BIKINI CT APT 104 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: () Change () Addition MOORE, JEFFERY Name: Name: Address: 1700 BIKINI CT., APT #204 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: () Change () Addition BARNES BOGAN, LEE Name: Name: 1750 BIKINI COURT Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: BUTLER, SCOTT Name: BUTLER, SCOTT 1700 S.E. BIKINI CT., #203 1700 BIKINI CT., #203 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change ( ) Addition WALSDORF, MARSHALL WALSDORF, MARSHALL Name: Name: 1700 BIKINI COURT APT, 102 1706 BIKINI COURT APT, 102 Address: Address: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 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: MARSHALL WALSDORF PD 06/26/2009