2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744544

FILED Aug 05, 2009 Secretary of State

Entity Name: RIGGER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
283 104TH #100	AVE			
	EISLAND, FL 33706			
Current Mailing Address:		New Mailing Address:		
283 104TH AVE			6400 46TH AVE N	
#100 TREASURE ISLAND, FL 33706		#67 KENNETH	KENNETH CITY, FL 33709	
FEI Number:	FEI Number Applied For () FEI Nue e with s. 607.193(2)(b), F.S., the corporation did not receive	mber Not Appl		
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
SHARP, TINA 283 104TH AVE # 100 TREASURE ISLAND, FL 33706 US		SHARP, TI 6400 46TH		
		#67 KENNETH CITY, FL 33709 US		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATURE:			08/05/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS	AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete BAKER, FRANK 283 104TH AVE #104 TREASURE ISLAND, FL 33706	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	T () Delete	Title:	T (X) Change () Addition	
Name: Address: City-St-Zip:	SHARP, TINA 283 104TH AVE # 206 TREASURE ISLAND, FL 33706	Name: Address: City-St-Zip:	SHARP, TINA 6400 46TH AVE N #67 KENNETH CITY, FL 33709	
Title: Name: Address:	D () Delete HOWARD, SOMROK 283-104TH AVE #103	Title: Name: Address:	D (X) Change () Addition HOWARD, SOMRUK 283-104TH AVE #201	
City-St-Zip:	TREASURE ISLAND, FL 33706	City-St-Zip:	TREASURE ISLAND, FL 33706	
Title: Name: Address: City-St-Zip:	S () Delete DAVIS, SLYVIA 283-104TH AVE STE 204 TREASURE ISLAND, FL 33706	Title: Name: Address: City-St-Zip:	S (X) Change () Addition DAVIS, SLYVIA 283-104TH AVE #204 TREASURE ISLAND, FL 33706	
Title: Name: Address: City-St-Zip:	P () Delete BEATON, WN 283 104TH AVE # 106 TREASURE ISLAND, FL 33706	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: TINA SHARP TREA 08/05/2009