

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748063

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** NEW ORLEANS APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

615 SOUTH PALM AVENUE  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STOKES PROPERTY MGMT  
3053 51ST ST  
SARASOTA, FL 34234 US

**New Mailing Address:**

**FEI Number:** 65-0053200      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOKES, REBECCA F  
3053 51ST ST  
SARASOTA, FL 34234 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: DS ( ) Delete  
Name: ELLIOTT, STEPHANIE  
Address: 306 RIO TERRA  
City-St-Zip: VENICE, FL 34285

Title: DP ( ) Delete  
Name: DUTOIT, STEVEN  
Address: 4709 E. TRAILS DR.  
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete  
Name: PETERS, JOAN  
Address: 2247 HAWTHORNE ST  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: ELLIOTT, STEPHANIE  
Address: 306 RIO TERRA  
City-St-Zip: VENICE, FL 34285

Title: VPD (X) Change ( ) Addition  
Name: AMANTE, JOE  
Address: 615 S. PALM AVE #8  
City-St-Zip: SARASOTA, FL 34236

Title: PD (X) Change ( ) Addition  
Name: PETERS, JOAN  
Address: 2247 HAWTHORNE ST  
City-St-Zip: SARASOTA, FL 34239

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: JOAN PETERS

PD

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date