2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# 749225

Entity Name: SANTA CLARA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3312 NORTHSIDE DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5505 N. ATLANTIC AVE.
SUITE 207
COCOA BEACH, FL 32931

New Mailing Address:

3312 NORTHSIDE DRIVE
KEY WEST, FL 33040

FEI Number: 59-1940755 **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:

ALLEN, JEFFREY E
819 PEACOCK PLAZA
SUITE 809
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

THOMPSON, DEAN
3312 NORTHSIDE DRIVE
KEY WEST, FL 33040 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: DEAN THOMPSON 05/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WELLER, THOM
Address: 3312 NORTHSIDE DR #311
City-St-Zip: KEY WEST, FL 33040 US

Title: VP ( ) Delete
Name: NIEMIEC, LARRY
Address: 3312 NORTHSIDE DRIVE #113
City-St-Zip: KEY WEST, FL 33040 US

Title: T ( ) Delete
Name: GOUGH, SHIRLEY
Address: 3312 NORTHSIDE DRIVE #416
City-St-Zip: KEY WEST, FL 33040 US

Title: S ( ) Delete
Name: SANDRA, CORNELL
Address: 181 GOLF CLUB DRIVE
City-St-Zip: KEY WEST, FL 33040 US

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: S (X) Change ( ) Addition
Name: STAFFEN, JANET
Address: 3312 NORTHSIDE DRIVE #203
City-St-Zip: KEY WEST, FL 33040

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: THOM WELLER P 05/06/2009
Electronic Signature of Signing Officer or Director — Date