## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749943** 

FILED Apr 20, 2009 Secretary of State

Entity Name: W.W. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:
	AMELIA ST D, FL 32803	US	
Current Mailing Address:			New Mailing Address:
	AMELIA ST D, FL 32803	US	
FEI Number:	: 59-2192435	FEI Number Applied For (	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	l Address of	Current Registered Agen	Name and Address of New Registered Agent:
625-B EAS POB 6087	ON, LLOYD O. ST AMELIA ST O, FL 32803	-	ANDERSON, LLOYD O. 625-B EAST AMELIA ST ORLANDO, FL 32803 US
The above in the State	named entity e of Florida.	submits this statement for	ne purpose of changing its registered office or registered agent, or both
SIGNATU	RE: LLOYD /	ANDERSON	04/20/2009
	Electro	nic Signature of Registered	Agent Date
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	PT ( ANDERSON, I 625-B AMELIA ORLANDO, FI	ST EAST	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( LYLE, MARTH 1386 TIERRA WINTER PARI	CIRCLE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( YU, ALLISSON 617 B E. AME ORLANDO, FL	LIA ST.	Title: VP (X) Change ( ) Addition Name: BUZZELLE, STANLEY Address: 627A EAST AMELIA City-St-Zip: ORLANDO, FL 32803
Title: Name: Address: City-St-Zip:	WALKER, DIA	MELIA STREET	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( FUCILE, BRIA 1412 DEVON WINTER PARI	ROAD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	(	) Delete	Title: D ( ) Change (X) Addition Name: HAMPTON, PATRICIA S Address: 621B EAST AMELIA City-St-Zip: ORLANDO, FL 32803

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: LLOYD ANDERSON P 04/20/2009