2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 749974

Entity Name: TRAWLER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15660 SAN CARLOS BLVD.
#40
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

15660 SAN CARLOS BLVD.
#40
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-1880460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

P&M PROPERTY MANAGEMENT
15660 SAN CARLOS BLVD. #40
FORT MYERS, FL 33908 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:	VP	( ) Delete
Name:	KEEDY, JOHN	
Address:	4575 TRAWLER CT #202	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	WONZNICK, MARK	
Address:	15660 SAN CARLOS BLVD.	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	VP	( ) Delete
Name:	CRAIG, DOUG	
Address:	4591 TRAWLER CT., 201	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	S	( ) Delete
Name:	MALVEN, PAUL	
Address:	15660 SAN CARLOS BLVD.	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	PT	( ) Delete
Name:	EDWARDS, WALTER	
Address:	15660 SAN CARLOS BLVD.	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	D	( ) Delete
Name:	WAGNER, AL	
Address:	4575 TRAWLER CT., 105	
City-St-Zip:	FORT MYERS, FL 33919	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: PAUL SAPP CFPM 03/04/2009

Electronic Signature of Signing Officer or Director — Date