2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750464

FILED Mar 05, 2009 Secretary of State

Entity Name: STEAMBOAT BEND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	RESS LAKE DF	RIVE			
SUITE 2 FORT MYI	ERS, FL 33919	US			
Current Mailing Address:			New Maili	New Mailing Address:	
9411 CYPI	RESS LAKE DF	RIVE			
SUITE 2 FORT MYI	ERS, FL 33919	US			
	: 59-1962997	FEI Number Applied For ()	FEI Number Not Appl	licable() Certificate of Status Desired()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
9411 CYPI	PATRICIA DO MANAGEME RESS LAKE DF ERS, FL 33919	RIVÉ, SUITE 2			
	e named entity s e of Florida.	ubmits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () LEHMANN, JOHI 4240 STEAMBO FT MYERS, FL	AT BEND # 201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CARENA, ROY 4210 STEAMBO FORT MYERS, F		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition RACHFAL, KARL 4250 STEAMBOAT BEND #206 FORT MYERS, FL 33919	
Fitle: Name: Address: City-St-Zip:	D () KORN, SHELDO 4230 STEAMBO FORT MYERS, F	AT BEND #103	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition BURG, WILLIAM 4200 STEAMBOAT BEND #401 FORT MYERS, FL 33919	
Fitle: Name: Address: City-St-Zip:	D () ROCHFAL, KAR 4250 STEAMBO FORT MEYERS	AT BEND # 206	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition DILLMAN, RON 4240 STEAMBOAT BEND #205 FORT MEYERS, FL 33919	
Title: Vame: Address:	ST () BURG, WILLIAM 4200 STEAMBO FORT MYERS, F	AT BEND #401	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CARENA, ROY 4210 STEAMBOAT BEND #304 FORT MYERS, FL 33919	
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: JOHN LEHMANN P 03/05/2009