2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751578

FILED Apr 14, 2009 Secretary of State

Entity Name: S.L. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4920 FRUITVILLE RD SARASOTA, FL 34232

Current Mailing Address: New Mailing Address:

4920 FRUITVILLE RD SARASOTA, FL 34232

FEI Number: 59-2093484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MA-CON INC, WARREN WEIL
4920 FRUITVILLE RD
SARASOTA, FL 34232 US

MA-CON INC,
4920 FRUITVILLE RD
SARASOTA, FL 34232 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: WARREN WEIL 04/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: PD (X) Change () Addition Name: BURNS, FREDERICK Name: THOMPSON, BILL

 Address:
 306 SPRING LAKES BLVD
 Address:
 309 SPRING LAKES BLVD

 City-St-Zip:
 BRADENTON, FL 34210
 City-St-Zip:
 BRADENTON, FL 34210

Title: TD () Delete Title: VPD (X) Change () Addition Name: MASUR, KATHLEEN Name: GIBSON, RODERICK

Address: 302 SPRING LAKES BLVD. Address: 311 SPRING LAKES BLVD. City-St-Zip: BRADENTON, FL 34203 City-St-Zip: BRADENTON, FL 34210

Title: SD () Delete Title: TD (X) Change () Addition Name: NOVAK, JOANNE Name: SMITH, JAMES

Address: 313 SPRING LAKES BLVD Address: 317 SPRING LAKES BLVD

City-St-Zip: BRADENTON, FL 34210 City-St-Zip: BRADENTON, FL 34210

Title: PD () Delete Title: SD (X) Change () Addition Name: GIBSON, RODERICK Name: DEGELMAN, DAVE

 Address:
 311 SPRING LAKES BLVD
 Address:
 303 SPRING LAKES BLVD

 City-St-Zip:
 BRADENTON, FL 34210
 City-St-Zip:
 BRADENTON, FL 34210

Name: Name: STEVENS, BILL

 Address:
 Address:
 312 SPRING LAKES BLVD

 City-St-Zip:
 City-St-Zip:
 BRADENTON, FL 34210

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: BILL THOMPSON PD 04/14/2009