2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 752269

Entity Name: SANTA MONICA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1425 ARTHUR STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

C/O NEW COMMUNITY STRATEGIES
4801 S UNIVERSITY DRIVE STE 132
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-2037740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES OTTO, PA
2699 STIRLING ROAD
STE C-207
HOLLYWOOD, FL 33312 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:	P	( ) Delete
Name:	MONTFORT, ALINDA	
Address:	1425 ARTHUR ST #207	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	SEC	( ) Delete
Name:	TUSON, BARBARA	
Address:	1425 ARTHUR ST, #508	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	VP	( ) Delete
Name:	GEMEREK, BARBARA	
Address:	1425 ARTHUR ST #210	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	TR	( ) Delete
Name:	BIFIELD, NAN	
Address:	1425 ARTHUR ST., #211	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	JUNKERSFELD, GERALD	
Address:	1425 ARTHUR ST. #205	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	(X) Delete
Name:	BURI, JAMES	
Address:	1425 ARTHUR STREET, #316	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	BURI, JAMES	
Address:	1425 ARTHUR STREET, #316	
City-St-Zip:	HOLLYWOOD, FL 33020	
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: ALINDA MONTFORT P 04/13/2009

Electronic Signature of Signing Officer or Director — Date