2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 753234

Entity Name: JOHNSON ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

420 & 424 JOHNSON AVE.
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

C/O D. KERCHER
420 JOHNSON AVE #2
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-2027894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KERCHER, DOROTHY E
420 JOHNSON AVE
UNIT 2
CAPE CANAVERAL, FL 32920 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: PD ( ) Delete
Name: AGRAMONTE, JEAN
Address: 230 E. LAUREN CT.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: STD ( ) Delete
Name: KERCHER, DOROTHY E
Address: 420 JOHNSON AVE #2
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete
Name: ABBOT, CAROL
Address: 1500 EAST BOULEVARD
City-St-Zip: MAITLAND, FL 32751

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:

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: JEAN AGRAMONTE PD 05/04/2009

Electronic Signature of Signing Officer or Director — Date