## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756135** 

Apr 07, 2009 Secretary of State

Entity Name: BANDY BEACH CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | New Principal Place of Business:  |
|--------------------------------------|-----------------------------------|
| Outlent Finicipal Flace of Dusiness. | New Fillicipal Flace of Dusiness. |

**BUTTONWOOD LANE** 711 TARPON BAY RD SANIBEL, FL 33957 SANIBEL, FL 33957

**Current Mailing Address: New Mailing Address:** 

PO BOX 100

SANIBEL, FL 33957

FEI Number: 59-2305529 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:

MACKESY, STEVEN J 711 TARPÓN BAY RD SANIBEL, FL 33957

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

() Delete

(X) Change ( ) Addition

MAXHAM, DAVE CURTIS, ED Name:

Name: 1059 BUTTONWOOD #E101 Address: 1059 BUTTONWOOD LN #C101 Address:

City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957

Title: STD () Delete Title: VD (X) Change ( ) Addition

Name: JAMES, JEANNETTE Name: FITCH, VALERIE

Address: 1059 BUTTONWOOD LN #C201 Address: 1059 BUTTONWOOD LN #B101

City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957

Title: () Delete Title: (X) Change ( ) Addition

STROTHMAN, JACK Name: STROTHMAN, JACK Name: 1059 BUTTONWOOD #D101 1059 BUTTONWOOD #D101 Address: Address:

City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957

( ) Delete Title: Title: ( ) Change (X) Addition

Name: Name: MAXHAM, DAVID Address: Address: 312 LAKEWOOD DRIVE City-St-Zip: City-St-Zip: SWANTON, VT 05488

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: JACK STROTHMAN PD 04/07/2009