

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756182

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: ALLENDALE ARMS CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

% TIERRA VERDE PROPERTY MANAGMENT  
1110 PINELLAS BAYWAY #207  
TIERRA VERDE, FL 33715 US

## New Principal Place of Business:

## Current Mailing Address:

1110 PINELLAS BAYWAY #207  
TIERRA VERDE, FL 33715

## New Mailing Address:

FEI Number: 59-2043469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROUANZION, SUSAN  
1110 PINELLAS BAYWAY #207  
TIERRA VERDE, FL 33715 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: EHLY, JONATHAN  
Address: 1110 PINELLAS BAYWAY #207  
City-St-Zip: TIERRA VERDE, FL 33715

Title: VPD ( ) Delete  
Name: PRINGLE, STEPHEN  
Address: 1110 PINELLAS BAYWAY #207  
City-St-Zip: TIERRA VERDE, FL 33715

Title: STD ( ) Delete  
Name: FRANCES, DALE  
Address: 1110 PINELLAS BAYWAY #207  
City-St-Zip: TIERRA VERDE, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: BALLAST, STEPHEN  
Address: 1110 PINELLAS BAYWAY #207  
City-St-Zip: TIERRA VERDE, FL 33715

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: JONATHAN EHLY

PD

03/03/2008

Electronic Signature of Signing Officer or Director

Date