

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758973

FILED
Feb 13, 2009
Secretary of State

Entity Name: PROMENADES EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

21405 OLEAN BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21405 OLEAN BLVD
OFFICE
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2307129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, MARGARET L
21405 OLEAN BLVD
OFFICE
PORT CHARLOTTE, FL 33952 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: COLLINS, MARGARET
Address: 21405 OLEAN BLVD #612
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD () Delete
Name: DIANA, SALVATORE
Address: 21405 OLEAN BLVD #519
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD () Delete
Name: MILLER, BETTY LOU
Address: 21405 OLEAN BLVD #226
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: SCHINKEL, IRWIN
Address: 21405 OLEAN BLVD 420
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: KILLIAN, CINDRELLA
Address: 21405 OLEAN BLVD #616
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ASD () Delete
Name: ALLEN, ROBERT
Address: 21016 ALPINE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

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:

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: MARGARET L COLLINS

PD

02/13/2009

Electronic Signature of Signing Officer or Director

Date