

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759497

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE SUZANNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

855 KETCH DR #104
NAPLES, FL 34103 US

New Principal Place of Business:

825-855 KETCH DR
NAPLES, FL 34103 US

Current Mailing Address:

2335 9TH ST. N.
SUITE #505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2167858 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MANAGEMENT
2335 9TH STREET
STE 505
NAPLES, FL 34103 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: TD () Delete
Name: MURPHY, GEOFFREY
Address: 825 KETCH DRIVE #202
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: MITCHELL, ROGER
Address: 855 KETCH DRIVE #105
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BALUCH, DONALD
Address: 855 KETCH DRIVE #305
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: THOMAS, NEVIN
Address: 825 KETCH DR. #203
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: NICKLE, DIANA
Address: 855 KETCH DRIVE #206
City-St-Zip: NAPLES, FL 34103

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:

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: THOMAS NEVIN

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date