

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760010

FILED
Apr 09, 2009
Secretary of State

Entity Name: SHARONDALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD.
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

GUARDIAN PROPERTY MGMT
6700 LONE OAK BLVD
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 59-2353098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34119 US

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: BYRON ROSS

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOTRONI, DENISE
Address: 116 CYPRESS WAY E. #G-4
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: LA VIGNE, GARY
Address: 118 CYPRESS WAY E, #A-3
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: BECKER, BECK
Address: 114 CYPRESS WAY E #D-5
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: BAKER, JASON
Address: 114 CYPRESS WAY E., D5
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: FORD, JULIA
Address: 122 CYPRESS WAY, C-3
City-St-Zip: NAPLES, FL 34110

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: BYRON ROSS

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date