2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760188

FILED Mar 20, 2009 Secretary of State

Entity Name: MENTONE COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

631 N ORANGE AVENUE SARASOTA, FL 34232

Current Mailing Address: New Mailing Address:

2848 PROCTOR ROAD SARASOTA, FL 34231 US

FEI Number: 65-0408904 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:

MILLER MANAGEMENT SERVICES, INC 2848 PROCTOR ROAD SARASOTA, FL 34231 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SHEA, CLAUDIA Name: KINLEY, MARK Name: 2317 ARLINGTON ST Address: 631 N. ORANGE AVENUE, #202 Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34236 US

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

PERRY, AL Name: KOTWICKI, DAN Name: Address: 4635 FLATBUSH AVENUE Address: 7243 POPLAR COURT City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SHELBY TWP, MI 48316 US

() Delete Title: STD Title: SD (X) Change () Addition CLARK, KEN PENNO, CATHY Name: Name:

4234 MACKAY FALLS TERRACE Address: P O BOX 4295 Address:

City-St-Zip: SARASOTA, FL 34230 City-St-Zip: SARASOTA, FL 34243 US

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

Name: STILES, CECILIA Name: STILES, CECILIA Address: 631 N. ORANGE AVE Address: 631 N. ORANGE AVE City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 US

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

FLORENCE, ENTLER CLARK, KEN Name: Name: P.O. BOX 25341 P. O. BOX 4295 Address: Address: City-St-Zip: SARASOTA, FL 34277 City-St-Zip: SARASOTA, FL 34230 US

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: CATHERINE M. PENNO SECR 03/20/2009