

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761284

FILED
Apr 14, 2009
Secretary of State

Entity Name: CROWN COLONY SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

181 CENTER RD
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

181 CENTER RD
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-2709068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT
181 CENTER RD
VENICE, FL 34285 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: STD () Delete
Name: CAVINESS, JOAN
Address: 942 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

Title: PD () Delete
Name: SMITH, IRENE
Address: 941 CARPRI ISLE ALLN
City-St-Zip: VENICE, FL 34292

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CAVINESS, JOAN
Address: 942 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

Title: VP (X) Change () Addition
Name: GILDER, JOY
Address: 944 CARPRI ISLE ALLN
City-St-Zip: VENICE, FL 34292

Title: S/T () Change (X) Addition
Name: DIGACOMO, HARRIETT
Address: 944 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

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: JOAN CAVINESS

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date