

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762008

FILED
Mar 08, 2009
Secretary of State

Entity Name: SOUTHERN BELLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

513 EAST MARION AVE.
PUNTA GORDA, FL 33950

New Principal Place of Business:

513 EAST MARION AVE.
PUNTA GORDA, FL 33950 US

Current Mailing Address:

100 SULLIVAN ST
SUITE 112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2389385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN F
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 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: D () Delete
Name: BOUDON, ADIAN
Address: 512 E. MARION AVE., 2
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD () Delete
Name: BEST, MARY
Address: 513 E. MARION AVE.
City-St-Zip: PUNTA GORDA, FL

Title: PD () Delete
Name: ASKEW, GAIL
Address: 513 E. MARION AVE., 2
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GREENE, JOAN
Address: 100 SULLIVAN STREET STE 112
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: PD (X) Change () Addition
Name: ASKEW, GAIL
Address: 513 E. MARION AVE., #2
City-St-Zip: PUNTA GORDA, FL 33950 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: GAIL ASKEW

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

_____ Date