

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763972

FILED
Mar 03, 2009
Secretary of State

Entity Name: LA PORTA BOCA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3233 WOODTHRUSH DR.
PUNTA GORDA, FL 33950

New Principal Place of Business:

3233 WOODTHRUSH DR.
PUNTA GORDA, FL 33950 US

Current Mailing Address:

100 SULLIVAN ST., #112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0339306

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., #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: VD () Delete
Name: CARPENTER, ED
Address: 7510 C H 47
City-St-Zip: UPPER SANDUSKY, OH

Title: PD () Delete
Name: CAPARELLA, JOE
Address: 12950 SW PEMBROKE CIRCLE
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: SULLIVAN, MICHAEL
Address: 3233 WOOD THRUSH DR
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CARPENTER, ED
Address: 7510 C H 47
City-St-Zip: UPPER SANDUSKY, OH 43351 US

Title: PTD (X) Change () Addition
Name: CAPARELLA, JOE
Address: 12950 SW PEMBROKE CIRCLE
City-St-Zip: ARCADIA, FL 34269 US

Title: SD (X) Change () Addition
Name: WAGNER, ELIZABETH
Address: 415 COMMERCIAL STREET
City-St-Zip: BRAINTREE, MA 02184 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: JOSEPH CAPARELLA

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date