2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764774

FILED Apr 14, 2009 Secretary of State

Entity Name: SPICEWOOD CONDOMINIUM ASSOCIATION, INC.

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

4920 FRUITVILLE RD SARASOTA, FL 34232 LIS

Current Mailing Address: New Mailing Address:

4920 FRUITVILLE RD SARASOTA, FL 34232 US

FEI Number: 59-2260809 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:

WEIL, WARREN 4920 FRUITVILLE RD SARASOTA, FL 34232 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete EVON, KRISTY GALLAGHER, JOE Name: Name: 4415 A SPRICEWOOD DR Address: 4411B SPICEWOOD DR. Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

Title: PD () Delete Title: (X) Change () Addition JOHNSTON, MARION JOHNSTON, MARION Name: Name: Address: 4415 C SPICEWOOD DR Address: 4415 C SPICEWOOD DR City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

Title: () Delete Title: (X) Change () Addition GRANT, LEON GRANT, LEON Name: Name:

4414 A SPICEWOOD DR Address: 4414 A SPICEWOOD DR Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

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

SCHERPF, DONALD Name: Name: GOFF, BARBARA 4413 G SPICEWOOD DR. 4415E SPICEWOOD DR Address: Address: City-St-Zip: BRADENTON, FL 34203 City-St-Zip: BRADENTON, FL 34203

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

VALLI, GEORGE VALLI, GEORGE Name: Name: 4414F SPICEWOOD DR 4414F SPICEWOOD DR Address: Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

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: GEORGE VALLI PD 04/14/2009