

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767165

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** VIRGINIA ANN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

839 SW 48TH TER  
APT. 204  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

839 SW 48TH TER  
APT. 204  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 59-2351702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT, STRAKA  
1412 SW 49TH TER  
CAPE CORAL, FL 33914 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: VPD  
Name: WOOD, JACQUELINE  
Address: 905 SW 48TH TERR #101  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD  
Name: STRAKA, LENORE  
Address: 1412 SW 49TH TER  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD  
Name: DREW, JUNE  
Address: 839 SW 48 TER #107  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: LENORE STRAKA

PRES

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date