

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002509

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** TALLEVAST CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3629 MINEOLA DR.  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3629 MINEOLA DR.  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-1102341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, WILLIAM  
7610 MATOAKA RD.  
SARASOTA, FL 34243 US

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

THOMPSON, PETER  
7630 MATOAKA RD.  
SARASOTA, FL 34243 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: PETER THOMPSON

02/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WRIGHT, WILLIAM  
Address: 7610 MATOAKA RD.  
City-St-Zip: SARASOTA, FL 34243

Title: DVP ( ) Delete  
Name: MAROT, DAN  
Address: PO BOX 1308  
City-St-Zip: TALLEVAST, FL 34270

Title: DT ( ) Delete  
Name: SCOTT, GERI  
Address: 3629 MINEOLA DR.  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: KAUFFMAN, BRIAN  
Address: 7626 MATOAKA RD.  
City-St-Zip: SARASOTA, FL 34243

Title: DS (X) Delete  
Name: THOMPSON, PETER  
Address: 7630 MATOAKA RD  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: THOMPSON, PETER  
Address: 7630 MATOAKA RD.  
City-St-Zip: SARASOTA, FL 34243

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

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

Title: DS (X) Change ( ) Addition  
Name: KAUFFMAN, BRIAN  
Address: 7626 MATOAKA RD.  
City-St-Zip: SARASOTA, FL 34243

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

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: GERI SCOTT

DT

02/17/2009

Electronic Signature of Signing Officer or Director

Date