2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N00000004643

Entity Name: AMADEUS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

145 104TH AVENUE
TREASURE ISLAND, FL 33708

New Principal Place of Business:

145 104TH AVENUE
TREASURE ISLAND, FL 33708 US

Current Mailing Address:

PO BOX 60068
SAINT PETERSBURG, FL 33784 00

New Mailing Address:

PO BOX 60068
SAINT PETERSBURG, FL 33784 US

FEI Number: 59-3660524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELTON, RONALD
5444 PARK BLVD. #101
PINELLAS PARK, FL 33781 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: ST ( ) Delete
Name: MACDONALD, HILDA
Address: 12368 CAPRI CIR N
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP ( ) Delete
Name: FOODWIN, RICHARD
Address: 21 THISHEDALE RD
City-St-Zip: WAKEFIELD, MA 01880

Title: P ( ) Delete
Name: NEILSON, JIM
Address: 145 104TH AVE., HOUSE
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: MACDONALD, HILDA
Address: 12368 CAPRI CIR N
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: VP (X) Change ( ) Addition
Name: GOODWIN, RICHARD
Address: 21 THISHEDALE RD
City-St-Zip: WAKEFIELD, MA 01880 US

Title: P (X) Change ( ) Addition
Name: NEILSON, JIM
Address: 145 104TH AVE., #4
City-St-Zip: TREASURE ISLAND, FL 33706 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: HILDA MACDONALD ST 04/28/2009

Electronic Signature of Signing Officer or Director — Date