2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90043 026 ****61.25

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1. Entity Name
ALTAMIRA AT NORTH HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 HIGHWAY A1A SUITE 203 VERO BEACH, FL 32963	1401 HIGHWAY A1A SUITE 203 VERO BEACH, FL 32963

01232008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1095043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERRILL, CRAIG
% ELLIOTT MERRILL MANAGEMENT
835 20TH PLACE
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name JANE CORNETT, ESQ
Street Address (P.O. Box Number is Not Acceptable)
River Oak Center
401 E. Osceola Street, 1st Floor
City Stuart FL Zip Code 34994

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3.10.08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $81.25
Due by May 1, 2008

0. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to: **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MUELLERF, JAMES 4330 NORTH A1A #/801 FORT PIERCE, FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Doug Howder 4310 N. A1A #202 Ft. Pierce, FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SHEPARD, LINDA 4310 NORTH A1A., #901 FT PIERCE, FL 34995	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer: Linda Shepard	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAFFEL, WILLIAM 4310 NORTH A1A #801 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director William Raffel	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVAN, BYRON 4330 N A1A #902 FORT PIERCE, FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Steve Smoak 4330 N. A1A #401 Ft. Pierce, FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CICILIAN, WILLIAM 4330 N A1A #701 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William Cicilian	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W Cicilian 2-27-08 678-923-6530(cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #