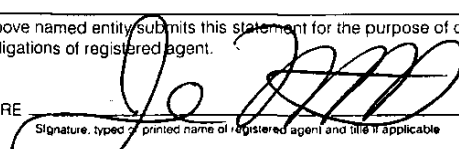


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90043 026 ****61.25

DOCUMENT # N01000002516 1. Entity Name ALTAMIRA AT NORTH HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1401 HIGHWAY A1A SUITE 203 VERO BEACH, FL 32963			Mailing Address 1401 HIGHWAY A1A SUITE 203 VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-1095043	
Zip		Country		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		9. 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 Fort 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 Fort 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: 			2-27-08 678-923-6530 (cell)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		