

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002516

FILED  
Mar 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1401 HIGHWAY A1A SUITE 203  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1401 HIGHWAY A1A SUITE 203  
VERO BEACH, FL 32963

**New Mailing Address:**

835 20TH PLACE  
VERO BEACH, FL 32960

**FEI Number:** 65-1095043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORNETT, JANE  
RIVER OAK CENTER  
401 E OSCEOLA STREET 1ST FLOOR  
STUART, FL 34994 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: S ( ) Delete  
Name: HOWDER, DOUG  
Address: 4310 N AIA SUITE 702  
City-St-Zip: FORT PIERCE, FL 34949

Title: VPT ( ) Delete  
Name: SHEPARD, LINDA  
Address: 4310 NORTH A1A., #901  
City-St-Zip: FT PIERCE, FL 34995

Title: S ( ) Delete  
Name: RAFFEL, WILLIAM  
Address: 4310 NORTH A1A #801  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP (X) Delete  
Name: SMOAK, STEVE  
Address: 4330 N AIA SUITE 401  
City-St-Zip: FORT PIERCE, FL 34949

Title: P (X) Delete  
Name: WILLIAM, CICILIAN  
Address: 4330 N A1A #701  
City-St-Zip: FORT PIERCE, FL 34949

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

Title: P (X) Change ( ) Addition  
Name: HOWDER, JOHN D  
Address: 4310 N AIA SUITE 702  
City-St-Zip: FORT PIERCE, FL 34949

Title: T (X) Change ( ) Addition  
Name: YUROCKO, BARBARA  
Address: 4330 N A1A HWY 502 N  
City-St-Zip: FT PIERCE, FL 34949

Title: VPS (X) Change ( ) Addition  
Name: RAFFEL, WILLIAM  
Address: 4310 NORTH A1A #801  
City-St-Zip: FORT PIERCE, FL 34949

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

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: BARBARA YUROCKO

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date