## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02042

FILED Apr 15, 2009 Secretary of State

Entity Name: STICKNEY POINT OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA, FL 34231 FEI Number: 59-2420256 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DESJARLAIS, MARY LYNN 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA, FL 34231 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition KLEIBER, JON Name: KLEIBER, JON Name: 2750 STICKNEY POINT ROAD, SUITE 209 Address: 2750 STICKNEY POINT ROAD, SUITE 209 Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: Title: (X) Change ( ) Addition ( ) Delete DESJARLAIS, MARY LYNN Name: DESJARLAIS, MARY LYNN Name: Address: 2750 STICKNEY POINT ROAD, STE 201 Address: 2750 STICKNEY POINT ROAD, STE 201 City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL Title: () Delete Title: (X) Change ( ) Addition KAZWELL, M. CATHERINE KAZWELL, M. CATHERINE Name: Name: 2750 STICKNEY POINT ROAD, SUITE 101 Address: 2750 STICKNEY POINT ROAD, SUITE 101 Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: ( ) Delete Title: () Change () Addition Name: ROTOLE, GREGORY S Name: 2750 STICKNEY PT RD STE 102 Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition VELTHEIM, JOHN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARY LYNN DESJARLAIS T 04/15/2009

2750 STICKNEY PT RD STE 203

SARASOTA, FL 34231

Address:

City-St-Zip: