2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02246

Apr 04, 2009 Secretary of State

Entity Name: PRESIDENTIAL PLACE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6249 PRESIDENTIAL CT. FT. MYERS, FL 33919

Current Mailing Address: New Mailing Address:

6249 PRESIDENTAL CT. SUITE B FORT MYERS, FL 33919

FEI Number: 59-2420041 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:

HUMFLEET, DAWN 6249 PRESIDENTIAL COURT SUITE C FORT MYERS, FL 33919 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LEDWARD, JEFFREY C. LEDWARD, JEFFREY C. Name: Name: 6249-B PRESIDENTIAL CT Address: 6249 PRESIDENTIAL CT, STE B Address: City-St-Zip: FT MYERS, FL City-St-Zip: FT MYERS, FL 33919

(X) Change () Addition Title: DS () Delete Title: DS MILLER, JANICE Name: MILLER, JANICE Name: Address:

6249 A PRESIDENTAL CT. Address: 6249 PRESIDENTAL CT. STE A City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition DICKERSON, DAVID DICKERSON, DAVID Name: Name:

6249 E. PRESIDENTIAL CT. 6249 PRESIDENTIAL CT, STE E Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete Title: PD (X) Change () Addition HUMFLEET, DAWN Name: Name: HUMFLEET, DAWN Address: 6249 PRESIDENTIAL CAT #C Address: 6249 PRESIDENTIAL CT, STE C

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

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: JEFFREY C. LEDWARD Т 04/04/2009