

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02359

FILED
Apr 10, 2009
Secretary of State

Entity Name: SHARAMERE WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

25068 HARBORVIEW RD
UNIT 2B
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

2421 SHREVE ST
STE 115
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-2849837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DOROTHY M
2421 SHREVE ST STE 115
PUNTA GORDA, FL 33950 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: PD () Delete
Name: HAMMOND, JEFF
Address: 25068 HARBORVIEW RD 4B
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: DOYKA, CAROL
Address: 25068 HARBORVIEW RD 1B
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: HITE, GAIL
Address: 25068 HARBORVIEW RD 4C
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VD () Delete
Name: PERRY, WILLIAM
Address: PO BOX 51721
City-St-Zip: NEW BEDFORD, MA 02745

Title: D (X) Delete
Name: LEVIN, GEORGIA
Address: 2803 RIVERSIDE DRIVE
City-St-Zip: SAULT SAINTE MARIE, MI 49783

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAMMOND, JEFF
Address: 2247 S. MILLER AVE
City-St-Zip: SHELLBYVILLE, IN 46176

Title: SD (X) Change () Addition
Name: MASON, JOAN
Address: 230 PARADISE ROAD NORTH
City-St-Zip: HAMILTON, ON L8S 3T4

Title: TD (X) Change () Addition
Name: GZIK, CHESTER
Address: 3333 NEW STREET #133
City-St-Zip: BURLINGTON, ON L7N 1N1

Title: VD (X) Change () Addition
Name: PERRY, WILLIAM
Address: 2506 HARBORVIEW ROAD #4B
City-St-Zip: PORT CHARLOTTE, FL 33980

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: DOROTHY M. BENNETT

CAM

04/10/2009

Electronic Signature of Signing Officer or Director

Date