

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02629

FILED
May 20, 2009
Secretary of State

Entity Name: SUN PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

170 FLAGLER LANE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-2418371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIGERMAN, MARILYN A
200 NORTH FIRST STREET
COCOA BEACH, FL 32931 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: DP () Delete
Name: GERMOND, LISA
Address: 4070 AMETHYST LANE
City-St-Zip: EAGAN, MN 55122

Title: DVP () Delete
Name: CARLSON, DALE
Address: 6900 UTICA LANE
City-St-Zip: CHANHASSEN, MN 55317

Title: DVP () Delete
Name: GALLES, JOE
Address: 170 FLAGLER LANE E
City-St-Zip: COCOA BEACH, FL 32931

Title: DS () Delete
Name: HEMPEL, JILL
Address: 170 FLAGLER LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: DVP () Delete
Name: LIBERTY, TONI
Address: 1111 SIBLEY MEMORIAL HWY
City-St-Zip: LILYDALE, MN 55118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LISA GERMOND

P

05/20/2009

Electronic Signature of Signing Officer or Director

Date