

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000002

FILED
Apr 15, 2009
Secretary of State

Entity Name: LOT 2 SRQ PARK OF COMMERCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

717 FREELING DR
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

717 FREELING DR
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 32-0078382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEEMAN, DAVID A
717 FREELING DR
SARASOTA, FL 34242 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: FLEEMAN, DAVID
Address: 717 FREELING DR
City-St-Zip: SARASOTA, FL 34242

Title: STD () Delete
Name: HARRIS, CHRISTOPHER
Address: 2879 GRAZELAND DR
City-St-Zip: SARASOTA, FL 34240

Title: VD (X) Delete
Name: VINING, TIM
Address: 3103 11 AVE NW
City-St-Zip: BRADENTON, FL 34209

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:

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: DAVID FLEEMAN

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date