

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 19, 2009**  
**Secretary of State**

DOCUMENT# N03000007674

**Entity Name:** EL SOMBRERO VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**EL SOMBRERO VILLAGE CONDO  
229 ROTONDA BLVD W A-3  
ROTONDA WEST, FL 33947**New Principal Place of Business:****Current Mailing Address:**EL SOMBRERO VILLAGE CONDO  
66 JACKSON FLAT ROAD  
HOPE, RI 02831**New Mailing Address:****FEI Number:** 06-1721129**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WALTER, DONNA M  
229 ROTONDA BLVD W A-3  
ROTONDA WEST, FL 33947 US**Name and Address of New Registered Agent:**SURFSIDE REALTY & CO INC  
1271 BEACH ROAD  
ENGLEWOOD, FL 34223 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: JENNIFER L BRAY

05/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** DEWOLFE, DOROTHY  
**Address:** 229 ROTONDA BLVD W A-1  
**City-St-Zip:** ROTONDA WEST, FL 33947**Title:** VP ( ) Delete  
**Name:** DEWOLFE, JAMES  
**Address:** 229 ROTONDA BLVD W A-1  
**City-St-Zip:** ROTONDA WEST, FL 33947**Title:** T ( ) Delete  
**Name:** PASQUALETTI, LEONA  
**Address:** 66 JACKSON FLAT ROAD  
**City-St-Zip:** HOPE, RI 02831**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** HICKS, CHRIS  
**Address:** 231 ROTONDA BLVD W B-2  
**City-St-Zip:** ROTONDA WEST, FL 33947**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 DEWOLFE

P

05/19/2009

Electronic Signature of Signing Officer or Director

Date