

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007987

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: MARQUEE EN VILLE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1517 STATE STREET  
SARASOTA, FL 34236

## New Principal Place of Business:

235 COCONUT AVE.  
SARASOTA, FL 34236

## Current Mailing Address:

2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

## New Mailing Address:

595 BAY ISLES ROAD  
SUITE 200  
LONGBOAT KEY, FL 34228

FEI Number: 20-1773639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.  
595 BAY ISLES RD. STE 200  
LONGBOAT KEY, FL 34228 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: P ( ) Delete  
Name: BLACKSHER, WILLIAM  
Address: 11000 PLACID RD 1503  
City-St-Zip: PLACIDA, FL 33946

Title: VPT ( ) Delete  
Name: EASTMAN, DOUG  
Address: 235 COCONUT AVE 1288  
City-St-Zip: SARASOTA, FL 34236

Title: VPS ( ) Delete  
Name: BRADLEY, POLLY  
Address: POB 747  
City-St-Zip: CHAUTAUQUA, NY 147220747

Title: D ( ) Delete  
Name: RANGEL, LEE  
Address: 1603 60TH AVE W  
City-St-Zip: BRADENTON, FL 34207

## 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: D (X) Change ( ) Addition  
Name: WALLACH, JAMES  
Address: PO BOX 49557  
City-St-Zip: SARASOTA, FL 34230

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: WILLIAM BLACKSHER

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date