

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008111

FILED
Apr 10, 2009
Secretary of State

Entity Name: LA FIRENZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4131 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

5100 TAMiami TR. N
STE. 131
NAPLES, FL 34103

New Mailing Address:

595 BAY ISLES ROAD
STE. 200
LONGBOAT KEY, FL 34228

FEI Number: 20-2468667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETTY CALLANS MANAGEMENT INC.
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT INC.
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 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: BETH CALLANS

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERG, JON
Address: C/O 595 BAY ISLES ROAD, SUITE 200
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: MAPLES, RICK
Address: C/O 595 BAY ISLES ROAD, SUITE 200
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: REEDER, CHRIS
Address: C/O 595 BAY ISLES ROAD, SUITE 200
City-St-Zip: LONGBOAT KEY, FL 34228

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: JON BERG

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date