2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001204

FILED Apr 20, 2009 Secretary of State

Entity Name: CATELENA ON 3RD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 301-319 7 AVE S NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 792 94TH AVENUE NORTH NAPLES, FL 34108 FEI Number: 65-0083472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PUTNAM, DAVID 792 94TH AVENUE NORTH NAPLES, FL 34108 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition CUMMINGS, CONNIE Name: Name: 625 3RD ST S. Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: Title: VPD (X) Change () Addition () Delete Name: BENNETT, SUSAN Name: BENNETT, SUSAN Address: 317 7TH AVE. SO. Address: 317 7TH AVE. SO. City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: TDS () Delete Title: TDS (X) Change () Addition MCCONNELL, JOHN MILLER, LOIS Name: Name: Address: 319 7TH AVE S Address: 627 3RD STREET S. City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: DV (X) Delete Title: () Change () Addition WHANN, KEITH Name: Name: Address: 313 7TH AVE. SO. Address: City-St-Zip: NAPLES, FL 34102 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: CONNIE CUMMINGS PD 04/20/2009