

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003815

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** ARDMORE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14901 SUMMERLIN RD  
FT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1515  
SANIBEL, FL 339571515 US

**New Mailing Address:**

**FEI Number:** 34-1997126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLANIN, VINCENT  
1715 MONROE ST.  
FT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

SZABO, DOUG  
C/O HENDERSON FRANKLIN  
1715 MONROE STREET  
FT MYERS, FL 33901 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: DOUG SZABO

04/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOLANIN, VINCENT M  
Address: 14901 SUMMERLIN RD  
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete  
Name: COBB, DAVID A  
Address: 14901 SUMMERLIN RD  
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete  
Name: SUSSMAN, DAVID  
Address: 14901 SUMMERLIN RD  
City-St-Zip: FT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WOLANIN, GREGORY M  
Address: 14901 SUMMERLIN RD  
City-St-Zip: FT MYERS, FL 33919

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: VINCENT M. WOLANIN

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date