

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2009  
Secretary of State**

DOCUMENT# N04000004772

Entity Name: FT. CLINCH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2503-B W. 5TH ST.  
FERNANDINA BCH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

2503-B W. 5TH ST.  
FERNANDINA BCH, FL 32034

**New Mailing Address:**

FEI Number: 84-1671312      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHANNON, ERIC T  
2503-B W. 5TH ST.  
FERNANDINA BCH, FL 32034      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: PD      ( ) Delete  
Name: SHANNON, ERIC T  
Address: 2503-B W. 5TH ST.  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: VD      ( ) Delete  
Name: SANDRON, IRA  
Address: 2503-A W. 5TH ST.  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: SD      ( ) Delete  
Name: SHIRVANI, MEHRDAD  
Address: 2505-B W. 5TH ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD      ( ) Delete  
Name: BARRERA, DIANE DR.  
Address: 2505-A W. 5TH ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034

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

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

Title: VD      (X) Change ( ) Addition  
Name: SHELTON, WES  
Address: 2503-A W. 5TH ST.  
City-St-Zip: FERNANDINA BCH, FL 32034

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: ERIC T.SHANNON

PD

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date