2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N04000005857

Entity Name: ETTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PROFESSIONAL COMMUNITY MGMT, INC.
786 BLANDING BLVD #118
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

786 BLANDING BLVD. #118
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 40-0061584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERRY, ALAN
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 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: D ( ) Delete
Name: BENDIS, JOAN
Address: 2159 RIVERSIDE AVE #6
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: MAY, SHAW
Address: 2159 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD ( ) Delete
Name: KINSEY, JEFFERY
Address: 2159 RIVERSIDE AVE #1
City-St-Zip: JACKSONVILLE, FL 32204

Title: DTVP ( ) Delete
Name: TELLER, FRAN
Address: 2159 RIVERSIDE AVE #8
City-St-Zip: JACKSONVILLE, FL 32204

Title: DP (X) Delete
Name: STEWART, ERIC
Address: PO BOX 266
City-St-Zip: JACKSONVILLE, FL 32203

Title: D (X) Delete
Name: NEEDLE, DOUG
Address: 350 NOE ST. #1
City-St-Zip: SAN FRANCISCO, CA 94114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NEEDLE, DOUG
Address: 350 NOE ST. #1
City-St-Zip: SAN FRANCISCO, CA 94114

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: ( ) 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: ALAN PERRY RA 03/10/2009

Electronic Signature of Signing Officer or Director — Date