2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000006543

Entity Name: VITTORIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12200 FIRST STREET WEST
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

C/O CONDO MGT PLUS, INC.
PO BOX 86507
MADEIRA BEACH, FL 337386507

New Mailing Address:

FEI Number: 20-1330585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONDO MGT PLUS
352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

CONDO MGT PLUS
19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785 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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOLF, TERRY
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VPS ( ) Delete
Name: ROMANELLO, DEBRA
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: T ( ) Delete
Name: PACETTI, MICHAEL
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COOK, DAVID
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

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: JOYCE ADAMS LCAM 04/29/2009
Electronic Signature of Signing Officer or Director — Date