

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007758

FILED
Jan 16, 2008
Secretary of State

Entity Name: ADAMS GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

27247 ADAMS ST
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

27247 ADAMS ST
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 20-2215551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, LORI
27247 ADAMS ST
PUNTA GORDA, FL 33983 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: P () Delete
Name: DOLLINGER, CHRISTINE
Address: 27247 ADAMS ST
City-St-Zip: PUNTA GORDA, FL 33983

Title: TR () Delete
Name: WALKER, TIMOTHY
Address: 27247 ADAMS ST
City-St-Zip: PUNTA GORDA, FL 33983

Title: SEC () Delete
Name: WALKER, LORI
Address: 27247 ADAMS ST
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LORI WALKER

SEC

01/16/2008

Electronic Signature of Signing Officer or Director

Date