

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010562

FILED
Apr 28, 2009
Secretary of State

Entity Name: 902 SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

902 SOUTH FLORIDA AVENUE
SUITE 105
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

902 SOUTH FLORIDA AVENUE
SUITE 105
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-1890027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CURTIS, WILLIAM D
902 SOUTH FLORIDA AVENUE
SUITE 201
LAKELAND, FL 33803 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: MEDINA, DANIEL
Address: 902 SOUTH FLORIDA AVENUE STE 101
City-St-Zip: LAKELAND, FL 33803

Title: VP () Delete
Name: KELLEY, BYRON K
Address: 902 SOUTH FLORIDA AVENUE STE 201
City-St-Zip: LAKELAND, FL 33803

Title: TD () Delete
Name: CURTIS, WILLIAM D
Address: 902 SOUTH FLORIDA AVENUE STE 105
City-St-Zip: LAKELAND, FL 33803

Title: SD () Delete
Name: SHELBY, GLENN
Address: 902 SOUTH FLORIDA AVENUE STE 101
City-St-Zip: LAKELAND, FL 33803

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:

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: WILLIAM D CURTIS

MGRM

04/28/2009

Electronic Signature of Signing Officer or Director

Date