2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011618

FILED Jan 27, 2009 Secretary of State

Entity Name: SAN RUFFINO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15950 BAY VIST DR SUITE 250 CLEARWATER, FL 33760

Current Mailing Address: New Mailing Address:

15950 BAY VIST DR SUITE 250 CLEARWATER, FL 33760

FEI Number: 20-2070706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HUDOCK, LESLIE W 601 BAYSHORE BLVD SUITE 700 TAMPA, FL 33606 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:

Flatoria Circular of Decides of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: VPST (X) Change () Addition
Name: NORTH, ANGELA
Address: 15950 BAY VISTA DR. SUITE 250
Address: 15950 BAY VISTA DR. SUITE 250

City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: CLEARWATER, FL 33762

Title: DVP () Delete Title: DP (X) Change () Addition Name: MARKEL, GARY Name: MARKEL, GARY

 Address:
 15950 BAY VISTA DR SUITE 250
 Address:
 15950 BAY VISTA DR SUITE 250

 City-St-Zip:
 CLEARWATER, FL 33762
 City-St-Zip:
 CLEARWATER, FL 33762

Title: D () Delete Title: () Change () Addition

 Name:
 MIMBS, PAULA J
 Name:

 Address:
 15950 BAY VISTA DR SUITE 250
 Address:

 City-St-Zip:
 CLEARWATER, FL 33762
 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: GARY L MARKELL DP 01/27/2009