

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N04220

Entity Name: NELSON PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

WANEK PROPERTY MANAGEMNT
2155 NE COACHMAN ROAD
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

WANEK PROPERTY MANAGEMNT
2155 NE COACHMAN ROAD
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2508464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANEK PROPERTY MANAGEMENT
2155 NE COACHMAN ROAD
CLEARWATER, FL 33765 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: PD () Delete
Name: CORREA, WALTER
Address: 1535 NURSERY RD #401
City-St-Zip: CLEARWATER, FL

Title: SD () Delete
Name: SCHUMACHER, DELLA
Address: 1535 NURSERY RD #109
City-St-Zip: CLEARWATER, FL 33756

Title: TP (X) Delete
Name: KELLEHER, JAMES
Address: 1535 NURSERY RD #403
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: GAUL, ROBERT
Address: 1535 NURSERY RD #202
City-St-Zip: CLEAWATER, FL

Title: PD (X) Delete
Name: KOEPPEN, EDWARD
Address: 1535 NURSERY RD. #112
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOEPPEN, EDWARD
Address: 1535 NURSERY RD #112
City-St-Zip: CLEARWATER, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GAUL, ROBERT
Address: 1535 NURSERY RD #202
City-St-Zip: CLEAWATER, FL

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: CHRIS WANEK

RA

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date