2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04220

T FILED
Aug 07, 2009
Secretary of State

Entity Name: NELSON PLACE CONDOMINIUM ASSOCIATION, INC.

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

WANEK PROPERTY MANAGEMNT
2155 NE COACHMAN ROAD
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33765 US
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767 US

Current Mailing Address: New Mailing Address:

WANEK PROPERTY MANAGEMNT
2155 NE COACHMAN ROAD
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33765 US
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767 US

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

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

WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN ROAD CLEARWATER, FL 33765 US JIM NOBLES MANAGEMENT, INC. 251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767 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: SHERON O. NICHOLS 08/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 KOEPPEN, EDWARD
 Name:
 GUNSON, PAUL

 Address:
 1535 NURSERY RD #112
 Address:
 1535 NURSERY RD #106

 City-St-Zip:
 CLEARWATER, FL
 City-St-Zip:
 CLEARWATER, FL
 33756 US

Title: SD () Delete Title: () Change () Addition

 Name:
 SCHUMACHER, DELLA
 Name:

 Address:
 1535 NURSERY RD #109
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

 Name:
 GAUL, ROBERT
 Name:
 GAUL, ROBERT

 Address:
 1535 NURSERY RD #202
 Address:
 1535 NURSERY RD #202

 City-St-Zip:
 CLEAWATER, FL
 CLEAWATER, FL
 33756

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

 Name:
 Name:
 REIS, AUDREY B

 Address:
 Address:
 1535 NURSERY RD #201

 City-St-Zip:
 City-St-Zip:
 CLEARWATER, FL 33756

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

 Name:
 Name:
 KOEPPEN, EDWARD

 Address:
 Address:
 1535 NURSERY RD. #112

 City-St-Zip:
 City-St-Zip:
 CLEARWATER, FL 33756

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: PAUL GUNSON PD 08/07/2009