2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# N04220

Entity Name: NELSON PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767 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:

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 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: VPD
Name: GUNSON, PAUL
Address: 1535 NURSERY RD #106
City-St-Zip: CLEARWATER, FL 33756 US

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

Title: TD
Name: GAUL, ROBERT
Address: 1535 NURSERY RD #202
City-St-Zip: CLEAWATER, FL 33756 US

Title: D
Name: REIS, AUDREY B
Address: 1535 NURSERY RD #201
City-St-Zip: CLEARWATER, FL 33756 US

Title: PD
Name: KELLEHER, JAMES
Address: 1535 NURSERY RD. #403
City-St-Zip: CLEARWATER, FL 33756 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES KELLEHER P 02/18/2010

Electronic Signature of Signing Officer or Director Date