

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04256

FILED
Mar 04, 2009
Secretary of State

Entity Name: BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P & M PROPERTY MANAGEMENT
14360 S. TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

P & M PROPERTY MANAGEMENT
14360 S. TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-2682343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL SAPP
C/O P & M PROPERTY MANAGEMENT
14360 S. TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912 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: T () Delete
Name: SOUTH, JAMES
Address: 5351 BLUE CRAB CIR #KI
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: WILLIS, FRYE
Address: 5441 BLUE COLIN CIR
City-St-Zip: BOKEELIA, FL 33922

Title: VP () Delete
Name: DILLION, JAMES
Address: 5441 BLUE CRAB CIRCLE, # R4
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: MOORS, ROBERT
Address: 5301 BLUE CRAB CIR #N3
City-St-Zip: BOKEELIA, FL 33422

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: PAUL SAPP

CFPM

03/04/2009

Electronic Signature of Signing Officer or Director

Date