

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001656

FILED
Jan 09, 2009
Secretary of State

Entity Name: CIRCLE PARK CONDOMINIUMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10 PARK PLACE SE
UNIT B-1
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4664
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 20-2357608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITZ, FELICIA G
10 PARK PLACE SE
UNIT B-1
FORT WALTON BEACH, FL 32548 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: V () Delete
Name: DESGRANGES, RAMONA
Address: 171 LAKE LORRAINE
City-St-Zip: SHALIMAR, FL 32579 US

Title: ST () Delete
Name: RITZ, FELICIA G
Address: 10 PARK PLACE SE, UNIT B-1
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: P () Delete
Name: WERNER, JOANNE H
Address: 10 PRK PL SE UNIT B-5
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: KIKTA, AUSTIN
Address: 10 PARK PLACE S. E., UNIT A-1
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: ST (X) Change () Addition
Name: RITZ, FELICIA G
Address: 10 PARK PLACE SE, UNIT B-1
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P (X) Change () Addition
Name: WERNER, JOANNE H
Address: 10 PARK PLACE S.E., UNIT B-5
City-St-Zip: FORT WALTON BEACH, FL 32548

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: FELICIA G. RITZ

ST

01/09/2009

Electronic Signature of Signing Officer or Director

Date