

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004820

FILED
Feb 02, 2009
Secretary of State

Entity Name: DEBBIE STREET PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8520 SOUTH TAMIAMI TRAIL
SUITE 2
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

8520 SOUTH TAMIAMI TRAIL
SUITE 2
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 30-0306698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLELAND, SUSAN
8520 SOUTH TAMIAMI TRAIL
SUITE 2
SARASOTA, FL 34238 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: P () Delete
Name: KNOP, CHRISTOPHER
Address: 404 BAYSHORE DRIVE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: GILLELAND, TODD
Address: 8520 SOUTH TAMIAMI TRAIL SUITE 2
City-St-Zip: SARASOTA, FL 34238

Title: D (X) Delete
Name: GILLELAND, SUSAN
Address: 8520 SOUTH TAMIAMI TRAIL, SUITE 2
City-St-Zip: SARASOTA, FL 34238 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILLELAND, R. TODD
Address: 8520 SOUTH TAMIAMI TRAIL SUITE 2
City-St-Zip: SARASOTA, FL 34238

Title: D (X) Change () Addition
Name: GILLELAND, SUSAN
Address: 8520 SOUTH TAMIAMI TRAIL SUITE 2
City-St-Zip: SARASOTA, FL 34238

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: SUSAN GILLELAND

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date