

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005185

FILED
Jan 08, 2009
Secretary of State

Entity Name: MCCALL'S BEACH CASTLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5310 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

4030 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 56-2514214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGONE, KEVIN M
4134 GULF OF MEXICO DR STE 301
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

WELLS, KEVIN T P.A.
22 S. LINKS AVENUE
301
SARASOTA, FL 34236 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: KEVIN T. WELLS

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIGONE, KEVIN M
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: HINES, JOHN
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ST () Delete
Name: WOLFE, MIKE
Address: 4030 GULF OF MEXICO DR.
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, PEGGY
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP (X) Change () Addition
Name: THEIS, PEGGY
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

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: CINDY ANDERSON

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date