

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006759

FILED
Apr 25, 2009
Secretary of State

Entity Name: CHERRY LAUREL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1101 GREENTREE
TALLAHASSEE, FL 32304

New Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-3428505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DP () Delete
Name: SHARPE, GINNY
Address: 2103 RANDOLPH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP () Delete
Name: FINLEY, JACK
Address: 6309 COUNT FLEET TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHARPE, GINNY
Address: 2103 E. RANDOLPH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST (X) Change () Addition
Name: FINLEY, JACK
Address: 6309 COUNT FLEET TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Change (X) Addition
Name: ESPINA, KRYSTINE
Address: 1100 GREENTREE COURT APT B
City-St-Zip: TALLAHASSEE, FL 32301

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: GINNY SHARPE

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date