

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007754

FILED
Feb 27, 2009
Secretary of State

Entity Name: STADIUM VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

405 DUNWOODY STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309

Current Mailing Address:

P.O. BOX 15191
TALLAHASSEE, FL 32317

New Mailing Address:

2910 KERRY FOREST PKY
D4, BOX 303
TALLAHASSEE, FL 32309

FEI Number: 56-2597631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMOOKLER, SANFORD M PD
2317 TOUR EIFFEL DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

ROJAS, KELLY
2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 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: KELLY ROJAS

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMOOKLER, SANFORD M
Address: P. O. BOX 15191
City-St-Zip: TALLAHASSEE, FL 32317

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: STROUSE, JEFF
Address: 2821 BLUE SPRINGS PLACE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP () Change (X) Addition
Name: WISE, VINCENT
Address: 2107 NORTH 31 AVE
City-St-Zip: HOLLYWOOD, FL 33021

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: SANFORD SCHMOOKLER

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date