

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009943

FILED
Mar 19, 2009
Secretary of State

Entity Name: VERACRUZ AT CAPE MARCO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

940 CAPE MARCO DR
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

940 CAPE MARCO DR
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-3543416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, KELLY
940 CAPE MARCO DR
MARCO ISLAND, FL 34145 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: GLON, DALE
Address: 940 CAPE MARCO DR #2501
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: ALBAUGH, DENNIS
Address: 940 CAPE MARCO DR #2506
City-St-Zip: MARCO ISLAND, FL 34145

Title: T () Delete
Name: MCCARTY, MIKE
Address: 940 CAPE MARCO DR # 2203
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: HARBER, RON
Address: 940 CAPE MARCO DR STE 903
City-St-Zip: MARCO ISLAND, FL 34145

Title: SEC () Delete
Name: PREVITI, JOE
Address: 940 CAPE MARCO DR STE #1506
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LAMBERSON, HARRY
Address: 940 CAPE MARCO DR #1504
City-St-Zip: MARCO ISLAND, FL 34145

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

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

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: MIKE MCCARTY

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date