2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N05000012144

Entity Name: THE HEMINGWAY CONDOMINIUM ASSOCIATION OF FORT PIERCE, INC.

Current Principal Place of Business:

3123 SCARLET TANAGER COURT
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

3123 SCARLET TANAGER COURT
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-3882810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEISE, GORDON W LCAM
ALL AMERICAN PROPERTY MANAGEMENT, INC.
3123 SCARLET TANAGER COURT
PORT ST. LUCIE, FL 34952 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: SHAW, STEPHEN L
Address: 1506 EDGEVALE ROAD
City-St-Zip: FT. PIERCE, FL 34982

Title: VP ( ) Delete
Name: TIERNEY, MARK
Address: 2810 ESPLANADE AVENUE
City-St-Zip: FT. PIERCE, FL 34982

Title: ST ( ) Delete
Name: STIKELETHER, GRAHAM W III
Address: 801 S. OCEAN DRIVE #1001
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: TIERNEY, MARK
Address: 2810 ESPLANADE AVENUE
City-St-Zip: FT. PIERCE, FL 34982

Title: VP (X) Change ( ) Addition
Name: WALGRAAVE, DAVE
Address: 617 EXORIA AVENUE
City-St-Zip: FT. PIERCE, FL 34982

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: GORDON W. HEISE OWNE 01/07/2009
Electronic Signature of Signing Officer or Director — Date