2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N06000003194

Entity Name: PROMENADE AT TRADITION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880038
PORT ST. LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 20-4544914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT, INC.
430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986 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: DT ( ) Delete
Name: BURGESS, GUS
Address: 10521 SW VILLAGE CENTER DR #201
City-St-Zip: TRADITION, FL 34987 US

Title: PD ( ) Delete
Name: EHRSAM, HOWARD
Address: 10521 SW VILLAGE CENTER DR #201
City-St-Zip: TRADITION, FL 34987 US

Title: SD ( ) Delete
Name: FONTANA, LARRY
Address: 10320 SW STEPHANIE WAY
City-St-Zip: PORT ST. LUCIE, FL 33071 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BURGESS, GUS
Address: 10521 SW VILLAGE CENTER DR #201
City-St-Zip: TRADITION, FL 34987 US

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: HOWARD EHRSAM PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date