

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003625

FILED
Feb 19, 2009
Secretary of State

Entity Name: ACAPULCO CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 W. MARION AVE.
C/O KABAR GROUP
PUNTA GORDA, FL 33950

New Principal Place of Business:

17074 ACAPULCO RD
PUNTA GORDA, FL 33950

Current Mailing Address:

900 W. MARION AVE.
C/O KABAR GROUP
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 20-8600203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDI, VINCENZO
900 W. MARION AVE.
C/O KABAR GROUP
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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: H. SHERIDAN DANKO

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOMBARDI, VINCENZO
Address: 900 W. MARION AVE.
City-St-Zip: PUNTA GORDA, FL 33950

Title: DS () Delete
Name: ALBACETE, ALFONSO
Address: 1625 N. COMMERCE PKY., STE. 315
City-St-Zip: WESTON, FL 33326

Title: DT () Delete
Name: MARTINEZ, CIRO
Address: 1625 N. COMMERCE PKWY, STE. 315
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VINCENZO LOMBARDI

DP

02/19/2009

Electronic Signature of Signing Officer or Director

Date