

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003956

FILED
Mar 10, 2009
Secretary of State

Entity Name: SEVEN DWARFS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2600 JONAGOLD BLVD
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

2600 JONAGOLD BLVD
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 20-4679347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 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: PD () Delete
Name: LARACUENTE, ERIC
Address: 2600 JONAGOLD BLVD
City-St-Zip: KISSIMMEE, FL 34246

Title: VPD () Delete
Name: POLOHRONAKIS, MICHAEL
Address: 2600 JONAGOLD
City-St-Zip: KISSIMMEE, FL 34246

Title: ST () Delete
Name: ANGARITA, JESUS
Address: 2600 JONAGOLD
City-St-Zip: KISSIMMEE, FL 34246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARACUENTE, ERIC
Address: 2600 JONAGOLD BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD (X) Change () Addition
Name: AGUIAR, LUIS
Address: 2600 JONAGOLD
City-St-Zip: KISSIMMEE, FL 34746

Title: ST (X) Change () Addition
Name: ANGARITA, JESUS
Address: 2600 JONAGOLD
City-St-Zip: KISSIMMEE, FL 34746

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: LUIS AGUIAR

VPD

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date