2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004242

Entity Name: BUILDING "A" ASSOCIATION, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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7000 PORT BLVD FORT MYERS, FL 33967

Current Mailing Address: New Mailing Address:

7000 PORT BLVD PO BOX 373

#11______ ESTERO, FL 33928

FORT MYERS, FL 33967

FEI Number: 65-0894722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, JOSEPH E ESQ

14241 METROPOLIS AVE SUITE 100

FT MYERS, FL 33912 US

SUSAN HOLLY, CPA, PA
13725 COLLINA COURT
ESTERO, FL 33928 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: SUSAN HOLLY 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: () Change () Addition

 Name:
 GALLAHER, DAVID
 Name:

 Address:
 18541 HOLLY RD
 Address:

 City-St-Zip:
 FT MYERS, FL
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

Name: GRODZKIR, JOHN Name: GRODZKI, JOHN

Address: 18011 S TAMIAMI TRL SUITE 16 Address: 18016 HORSESHOE BAY CIRCLE

City-St-Zip: FT MYERS, FL 339084695 City-St-Zip: FT MYERS, FL 33912

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 DYER, DWAYNE A
 Name:
 CHASE, DAVID

 Address:
 7000 PORT BLVD #11
 Address:
 7000 PORT BLVD, #9

 City-St-Zip:
 FT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33967

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: SUSAN HOLLY CPA 04/29/2009