

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006037

FILED
Apr 15, 2008
Secretary of State

Entity Name: CONDOMINIUM VII AT BARLETTA ASSOCIATION, INC.

Current Principal Place of Business:

10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

New Principal Place of Business:

11691 GATEWAY BOULEVARD, SUITE 203
FT. MYERS, FL 33913

Current Mailing Address:

10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

New Mailing Address:

11691 GATEWAY BOULEVARD, SUITE 203
FT. MYERS, FL 33913

FEI Number: 20-5188180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J.
1833 HENDRY ST.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BOULEVARD, SUITE 203
FT. MYERS, FL 33913 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: REBECCA L. SARVER

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, RUSSELL R
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: VPD () Delete
Name: DEBITETTO, JOHN
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: STD () Delete
Name: BILLUPS, JOHN
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARCELLONA, JENNIFER
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: VPD (X) Change () Addition
Name: BANKS, KATHLEEN
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: STD (X) Change () Addition
Name: ASHWORTH, JUDITH
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33913

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: JENNIFER BARCELLONA

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04/15/2008

Electronic Signature of Signing Officer or Director

Date