

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006802

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** PHILLIPPI LANDINGS E CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4370 S TAMIAMI TR  
SUITE 102  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

4370 S TAMIAMI TR  
SUITE 102  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 20-3028968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASEY CONDOMINIUM MANAGEMENT  
4370 S TAMIAMI TR  
SUITE 102  
SARASOTA, FL 34231 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:** VST  
**Name:** MORRIS, ROBERT A III  
**Address:** 1921 MONTE CARLO DR UNIT 703  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** STD  
**Name:** CURLISS, JOYCE  
**Address:** 5591 CANNES CIR. #604  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** VD  
**Name:** SPEICHER, JOHN  
**Address:** 5591 CANNES CIR #401  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** AS  
**Name:** SPENCE, BRIDGET  
**Address:** 4370 S. TAMIAMI TRAIL, SUITE 102  
**City-St-Zip:** SARASOTA, FL 34231

I hereby 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 all other like empowered.

**SIGNATURE:** BRIDGET SPENCE

AS

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date