

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007279

FILED
Mar 18, 2009
Secretary of State

Entity Name: ANGLERS COVE AT LONG KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1789 SW 3RD AVE.
MIAMI, FL 33129

New Principal Place of Business:

2121 PONCE DE LEON
950
CORAL GABLES, FL 33134

Current Mailing Address:

1789 SW 3RD AVE.
MIAMI, FL 33129

New Mailing Address:

2121 PONCE DE LEON
950
CORAL GABLES, FL 33134

FEI Number: 20-8783832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTUONDO, FERNANDO J
2121 PONCE DE LEON BLVD.
SUITE #600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PORTUONDO, FERNANDO J
2121 PONCE DE LEON BLVD.
SUITE #950
CORAL GABLES, FL 33134 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:

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PORRO, JUAN C
Address: 1789 SW 3RD AVE.
City-St-Zip: MIAMI, FL 33129

Title: VD () Delete
Name: STRAFACI, FRANK
Address: 1789 SW 3RD AVE.
City-St-Zip: MIAMI, FL 33129

Title: TD (X) Delete
Name: MENDICINO, DANIEL
Address: 1789 SW 3RD AVE.
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MENDICINO, DANIEL
Address: 2121 PONCE DE LEON STE 950
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: STRAFACI, FRANK
Address: 2121 PONCE DE LEON STE 950
City-St-Zip: CORAL GABLES, FL 33134

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: DANIEL MENDICINO

TD

03/18/2009

Electronic Signature of Signing Officer or Director

Date