

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009628

FILED
Apr 08, 2009
Secretary of State

Entity Name: ANDULUSIA COMMERCIAL CONDOMINIUM ONE ASSOCIATION, INC.

Current Principal Place of Business:

1010 NE 8TH ST.
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

C/O ROSSMAN ASSOC. MGMT
1104 SE 46TH LANE 2
CAPE CORAL, FL 33904

New Mailing Address:

C/O ROSSMAN ASSOC. MGMT
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904

FEI Number: 20-5519905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSMAN, MICHELLE
C/O ROSSMAN ASSOC. MGMT
1104 SW 46TH LANE 2
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

ROSSMAN, MICHELLE
C/O ROSSMAN ASSOC. MGMT
1104 SW 46TH LANE #2
CAPE CORAL, FL 33904 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: MICHELLE ROSSMAN, CAM

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOMMER, ROBERT
Address: 4580 RAYDOG DR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD () Delete
Name: LYNCH, DALE
Address: 607 N 4TH ST
City-St-Zip: WEST BRANCH, IA 52358

Title: STD () Delete
Name: SOMMER, WILLIAM
Address: 12620 ARBUCKLE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE ROSSMAN, CAM

CAM

04/08/2009

Electronic Signature of Signing Officer or Director

Date