

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011199

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: MATERA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-5783499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TROPICAL ISLER MGMT  
12734 KENWOOD LANE STE. 49  
FORT MYERS, FL 33907    US

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

TROPICAL ISLES MGMT  
12734 KENWOOD LANE STE. 49  
FORT MYERS, FL 33907    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: TROPICAL ISLES MANAGEMENT      03/06/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DIDIER, JOHN  
Address: 4341 LAZIO WAY #1205  
City-St-Zip: FORT MYERS, FL 33901

Title: VPD      ( ) Delete  
Name: READER, JIM  
Address: 2320 FIRST ST  
City-St-Zip: FORT MYERS, FL 33901

Title: TSD      ( ) Delete  
Name: SANKIER, DAVID  
Address: 4350 LAZIO WAY #1106  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD      (X) Change ( ) Addition  
Name: GRADY, BRUCE  
Address: 2320 FIRST ST  
City-St-Zip: FORT MYERS, FL 33901

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: JOHN DIDIER      PD      03/06/2009  
Electronic Signature of Signing Officer or Director      Date