

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012097

FILED
Mar 23, 2009
Secretary of State

Entity Name: FRUITVILLE PROFESSIONAL OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALESSANDRO A. GIANNINI
8620 SOUTH TAMiami TRAIL, SUITE N-P
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

C/O ALESSANDRO A. GIANNINI
8620 SOUTH TAMiami TRAIL, SUITE N-P
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 20-5926031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIANNINI, ALESSANDRO
411 VANDERKLOOT DRIVE
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

GIANNINI, ALESSANDRO A
411 VANDERKLOOT DRIVE
OSPREY, FL 34229 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: ALESSANDRO A. GIANNINI

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIANNINI, ALESSANDRO A
Address: 411 VANDERKLOOT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: STRICKLAND, GEORGE N
Address: 324 BAYSHORE DRIVE
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: GIANNINI, FRANCESCA
Address: 8620 SOUTH TAMiami TRAIL, SUITE N-P
City-St-Zip: SARASOTA, FL 34238

Title: P () Delete
Name: GIANNINI, ALESSANDRO A
Address: 411 VANDERKLOOT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: VT () Delete
Name: STRICKLAND, GEORGE N
Address: 324 BAYSHORE DRIVE
City-St-Zip: OSPREY, FL 34229

Title: VS () Delete
Name: GIANNINI, FRANCESCA
Address: 8620 S TAMiami TR STE N-P
City-St-Zip: SARASOTA, FL 34238

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:

Title: () Change () Addition
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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: ALESSANDRO A. GIANNINI

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date