

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012235

FILED
May 29, 2009
Secretary of State

Entity Name: SUENO DEL RIO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

180/182 26TH STREET
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

180/182 26TH STREET
COCOA BEACH, FL 32931

New Mailing Address:

180 26TH STREET
COCOA BEACH, FL 32931

FEI Number: 30-0405532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UVARO, CARL F
180 26TH ST
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

UVARO, CARL F PD
180 26TH ST
COCOA BEACH, FL 32931 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: CARL F. UVARO

05/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UVARO, CARL
Address: 180 26TH ST
City-St-Zip: COCOA BEACH, FL 32931

Title: VTD () Delete
Name: UVARO, KATHY R
Address: 180 26TH ST
City-St-Zip: COTTONDALE, FL 32431

Title: SD () Delete
Name: UVARO, JASON
Address: 1180 S. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: UVARO, CARL F
Address: 180 26TH ST
City-St-Zip: COCOA BEACH, FL 32931

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: CARL F. UVARO

PD

05/29/2009

Electronic Signature of Signing Officer or Director

Date