## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012354

FILED Jan 19, 2009 Secretary of State

Entity Name: ANDULUSIA COMMERCIAL CONDOMINIUM TWO ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1009 NE 8TH ST. CAPE CORAL, FL 33909

Current Mailing Address: New Mailing Address:

FEI Number: 20-8250407 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEPITONE, THOMAS RA

15880 SUMMERLIN RD, #300 - 390
FORT MYERS, FL 33908 US

ROSSMAN, MICHELLE
1104 SE 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 01/19/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 IRIZARRY, JEANETTE
 Name:
 IRIZARRY, JEANETTE

 Address:
 15880 SUMMERLIN RD, #300 - 390
 Address:
 1009 NE 8TH ST. #7

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33909

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: AMARAL, FATIMA Name: AMARAL, FATIMA

Address: 15880 SUMMERLIN RD, #300 - 390 Address: 1009 NE 8TH ST. #2
City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33909

Title: D ( ) Change (X) Addition

 Name:
 Name:
 ARIEL, MICHAEL

 Address:
 Address:
 1009 NE 8TH ST. #1

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33909

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: MICHAEL ARIEL DIR 01/19/2009