

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 21, 2009
Secretary of State

DOCUMENT# N07000000532

Entity Name: SAN MICHELE ANDROS ISLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O DEAKTOR DEVELOPMENT, INC.
1000 JOHNNANNA DRIVE
PITTSBURGH, PA 15237**New Principal Place of Business:**C/O DEAKTOR DEVELOPMENT, INC.
1502 TEAL TRACE
PITTSBURGH, PA 15237**Current Mailing Address:**C/O DEAKTOR DEVELOPMENT, INC.
803 DEVONSHIRE STREET
PITTSBURGH, PA 15213**New Mailing Address:**C/O DEAKTOR DEVELOPMENT, INC.
1502 TEAL TRACE
PITTSBURGH, PA 15237**FEI Number:** 20-8241249**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BSPA CORPORATE SERVICES, INC.
350 E. LAS OLAS BLVD., SUITE 1000
FT. LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: DEAKTOR, SCOTT I
Address: 1000 JOHNNANNA DRIVE
City-St-Zip: PITTSBURGH, PA 15237**Title:** TSDV () Delete
Name: DEAKTOR, MARSHA
Address: 1000 JOHNNANNA DRIVE
City-St-Zip: PITTSBURGH, PA 15237**Title:** D () Delete
Name: WILES, MARK
Address: 8865 W. OKEECHOBEE BLVD., UNIT 308
City-St-Zip: WEST PALM BEACH, FL 33411**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: DEAKTOR, SCOTT I
Address: 1502 TEAL TRACE
City-St-Zip: PITTSBURGH, PA 15237**Title:** TSDV (X) Change () Addition
Name: DEAKTOR, MARSHA
Address: 1502 TEAL TRACE
City-St-Zip: PITTSBURGH, PA 15237**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: SCOTT DEAKTOR

MGR

10/21/2009

Electronic Signature of Signing Officer or Director

Date