

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003435

FILED
Apr 28, 2008
Secretary of State

Entity Name: VIA MARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

352 7TH STREET
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

352 7TH STREET
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, MELISSA J
352 7TH STREET
ATLANTIC BEACH, FL 32233 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: DP () Delete
Name: NELSON, MELISSA J
Address: 352 7TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DVP () Delete
Name: MCKEE, SARAH A
Address: 53 OAKWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DS () Delete
Name: CODDINGTON, CHRISTOPHER
Address: 379 6TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: REINKE, BRENDA
Address: 5130 WHISPERING LEAF TRAIL
City-St-Zip: VALRICO, FL 33594

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
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: MELISSA J. NELSON

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date