## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000006205

FILED Jul 06, 2009 Secretary of State

Entity Name: RATTLER VIEW CONDOMINIUMS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3968 N. MONROE ST. TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** P.O. BOX 180657 TALLAHASSEE, FL 32318 FEI Number: 26-1105812 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: Name and Address of New Registered Agent: SBORDONE, LEANN HOMEOWNERS ASSOCIATION SERVICES 3968 N. MONROE ST. TALLAHASSEE, FL 32303 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition EVANS, MAURICE MARSHALL, DAVID Name: Name: Address: 1759 SUMMER MEADOW PLACE Address: 1759 SUMMER MEADOW PLACE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: Title: () Delete () Change () Addition Name: SUAREZ, TIKI Name: Address: P.O. BOX 777 Address: City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: Title: () Delete Title: () Change () Addition JENKINS, MARTHA Name: Name: 4889 RICHLAND DRIVE Address: Address: City-St-Zip: GAHANNA, OH 43230 City-St-Zip: ( ) Delete Title: Title: ( ) Change (X) Addition Name: Name: SBORDONE, LEANN Address: Address: 3968 N. MONROE STREET City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

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: LEANN SBORDONE M 07/06/2009