

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009782

FILED
Mar 25, 2009
Secretary of State

Entity Name: BUSINESS ON LAKE ST. CHARLES ASSOCIATION, INC.

Current Principal Place of Business:

2033 MAIN STREET STE 201
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2033 MAIN STREET STE 201
SARASOTA, FL 34237

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:

THOMPSON, AMY S ESQ
ICARD MERRILL CULLIS TIMM FUREN & GINSBURG
2033 MAIN STREET STE 201
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

CHAPNICK, BRUCE P
ICARD MERRILL CULLIS TIMM FUREN & GINSBURG
2033 MAIN STREET STE 600
SARASOTA, FL 34237 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: BRUCE P CHAPNICK

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CONNELLY, RODNEY I
Address: 2033 MAIN STREET STE 201
City-St-Zip: SARASOTA, FL 34237

Title: DS () Delete
Name: ROWE, GREGORY G
Address: 2033 MAIN STREET STE 201
City-St-Zip: SARASOTA, FL 34237

Title: DV () Delete
Name: CONNELLY, ADAM D
Address: 2033 MAIN STREET STE 201
City-St-Zip: SARASOTA, FL 34237

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:

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: ROD CONNELLY

DPT

03/25/2009

Electronic Signature of Signing Officer or Director

Date