

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010176

FILED
Aug 02, 2008
Secretary of State

Entity Name: 324 CROSS STREET COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

324 CROSS ST.
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

324 CROSS ST.
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

AMARAL, DEBORAH
379 ROYAL POINCIANA
PUNTA GORDA, FL 33955 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:

Title: PD () Delete
Name: AMARAL, DEBORAH
Address: 379 ROYAL POINCIANA
City-St-Zip: PUNTA GORDA, FL 33955

Title: VD () Delete
Name: BIVENS, ANDREA
Address: 327 CROSS ST.
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD (X) Delete
Name: LEPAGE, RUTH
Address: 7519 SOUTH BLUE SAGE ST.
City-St-Zip: PUNTA GORDA, FL 33955

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: ANDREA J. BIVENS, DVM

VD

08/02/2008

Electronic Signature of Signing Officer or Director

Date