2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012267

FILED Feb 03, 2009 Secretary of State

Entity Name: 25166 ON MARION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5650 ALMAR DR.

PUNTA GORDA, FL 33950

Current Mailing Address: New Mailing Address:

101 TAYLOR STREET 5650 ALMAR DR

PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950

FEI Number: 26-1704944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOTITZKY, EDWARD L BERSON, CECIL T 223 TAYLOR STREET 5650 ALMAR DR

PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 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: CECIL T BERSON 02/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DPT () Delete Title: DPT (X) Change () Addition

 Name:
 BERSON, CECIL T
 Name:
 BERSON, CECIL T

 Address:
 101 TAYLOR STREET
 Address:
 5650 ALMAR DR

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950

Title: DVS () Delete Title: DVS (X) Change () Addition Name: KARLSTEDT, MAGNUS Name: KARLSTEDT, MAGNUS

 Name:
 KARLSTEDT, MAGNUS
 Name:
 KARLSTEDT, MAGNUS

 Address:
 101 TAYLOR STREET
 Address:
 5260 DUNCAN RD UNIT 6

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:
 PUNTA GORDA, FL 33982

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 BERSON, LINDA M
 Name:
 BERSON, LINDA M

 Address:
 101 TAYLOR STREET
 Address:
 5650 ALMAR DR

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950

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: CECIL T BERSON P 02/03/2009