2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N07533

Entity Name: THE PURPLE MARTIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3245 PURPLE MARTIN DR .
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

C/O PURPLE MARTIN CONDOMINIUM ASSOCIATION
3245 PURPLE MARTIN DRIVE
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 35-9058445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDVIG, MARIE Z SD
3245 PURPLE MARTIN DR.
#6
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

LUDVIG, MARIE Z SD
3245 PURPLE MARTIN DR.
#2
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: _____ 02/20/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OAKLEY, RICHARD,
Address: 3245 PURPLE MARTIN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: SD ( ) Delete
Name: LUDVIG, MARIE,
Address: 3245 PURPLE MARTIN DRIVE #2
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: TD ( ) Delete
Name: STENCIL-WORCH, KATHL, EEN
Address: 3245 PURPLE MARTIN DR #6
City-St-Zip: PUNTA GORDA, FL 33950 US

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: MARIE Z LUDVIG SD 02/20/2009
Electronic Signature of Signing Officer or Director — Date