

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000532

FILED
Jan 08, 2009
Secretary of State

Entity Name: ADAMSTOWN 1 CONDOMINIUM, INC.

Current Principal Place of Business:

1854 AVENUE Q, SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1854 AVENUE Q, SW
WINTER HAVEN, FL 33880

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:

SENIOR, MARTINIQUE
1854 AVENUE Q, SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: P () Delete
Name: SENIOR, MARTINIQUE
Address: 1854 AVENUE Q, SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: BASH, EILEEN
Address: 1872 AVE. Q, SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: S (X) Delete
Name: VANDERHAYDEN, AMANDA
Address: 1858 AVE Q, SW
City-St-Zip: WINTER HAVEN, FL 33880

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: MARTINIQUE SENIOR

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date