2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# N08000002178

Entity Name: THE POST TIME FARM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 NE EIGHTH AVE
OCALA, FL 34470

New Principal Place of Business:

319 MAIN STREET
SAUGERTIES, NY 12477

Current Mailing Address:

500 NE EIGHTH AVE
OCALA, FL 34470

New Mailing Address:

319 MAIN STREET
SAUGERTIES, NY 12477

FEI Number: 26-1708361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

AMATEA, FRANK C ESQ
500 NE EIGHTH AVE
OCALA, FL 34470 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: PD ( ) Delete
Name: STRUZZIERI, THOMAS G
Address: 319 MAIN STREET
City-St-Zip: SAUGERTIES, NY 12477

Title: VD ( ) Delete
Name: EICKMAN, JOHN A
Address: 319 MAIN STREET
City-St-Zip: SAUGERTIES, NY 12477

Title: STD ( ) Delete
Name: NAGELBERG, MARC A
Address: 319 MAIN STREET
City-St-Zip: SAUGERTIES, NY 12477

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: MARC A NAGELBERG S 08/28/2009

Electronic Signature of Signing Officer or Director — Date