

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002194

FILED  
Jun 22, 2009  
Secretary of State

**Entity Name:** 126 DEL PRADO PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

126 DEL PRADO BLVD. NORTH  
SUITE 101  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

126 DEL PRADO BLVD. NORTH  
SUITE 101  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 26-2047652      **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:**

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

KRISHNAN, RAMIAH  
126 DEL PRADO BLVD. NORTH  
SUITE 101  
CAPE CORAL, FL 33990 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: P ( ) Delete  
Name: KRISHNAN, RAMIAH  
Address: 10090 MAGNOLIA POINTE  
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete  
Name: KINI, MUKUND P  
Address: 13672 PINE VILLA LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: V ( ) Delete  
Name: TORRICELLI, RICHARD  
Address: 13736 BRYNWOOD LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: SV ( ) Delete  
Name: PALETSKY, STEVEN  
Address: 12486 RIVERSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

**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:

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: RAMIAH KRISHNAN

P

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date