2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N08000002587

Entity Name: PRIMA VISTA COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1441 E. OCEAN BLVD.
STUART, FL 33996

New Principal Place of Business:

Current Mailing Address:

1441 E. OCEAN BLVD.
STUART, FL 33996

New Mailing Address:

FEI Number: 52-2455858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD.
STUART, FL 34994 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: FIER, ROBERT H
Address: 1441 E. OCEAN BLVD.
City-St-Zip: STUART, FL 33996

Title: VD ( ) Delete
Name: FIER, JANET
Address: 1441 E. OCEAN BLVD.
City-St-Zip: STUART, FL 33996

Title: SD ( ) Delete
Name: PARKS, RALPH H
Address: 3481 SE WILLOUGHBY BLVD., SUITE 102
City-St-Zip: STUART, 34 994

Title: TD ( ) Delete
Name: PARKS, JEAN R
Address: 3481 SE WILLOUGHBY BLVD., SUITE 102
City-St-Zip: STUART, 34 994

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: CHRISTIE BORRACK BK 03/10/2009

Electronic Signature of Signing Officer or Director — Date