

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003538

FILED
Jan 16, 2009
Secretary of State

Entity Name: JAMES 17 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4290 JAMES STREET UNIT 8
PORT CHARLOTTEE, FL 33980

New Principal Place of Business:

Current Mailing Address:

4290 JAMES STREET UNIT 8
PORT CHARLOTTEE, FL 33980

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:

WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950 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: DPT () Delete
Name: PROVENCAL, THOMAS S
Address: 9940 PEACE RIVER STREET
City-St-Zip: ARCADIA, FL 34269

Title: DVS () Delete
Name: PROVENCAL, TERRI B
Address: 9940 PEACE RIVER STREET
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: PROVENCAL, RYAN M
Address: 466 GUYANA STREET
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: PROVENCAL, TERI B
Address: 9940 PEACE RIVER STREET
City-St-Zip: ARCADIA, FL 34269

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: THOMAS PROVENCAL

DPT

01/16/2009

Electronic Signature of Signing Officer or Director

Date