

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007461

FILED
May 18, 2009
Secretary of State

Entity Name: POWERS MEDICAL PARK CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4525 SOUTH ATLANTIC AVE., UNIT 1705
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4525 SOUTH ATLANTIC AVE., UNIT 1705
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

FITZPATRICK, R. SHAWN
213 N. APOPKA AVE.
INVERNESS, FL 34450 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: D () Delete
Name: NASH, WILKIE C
Address: 4525 SOUTH ATLANTIC AVE., UNIT 1705
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: SCHODROWSKI, GINA
Address: 43462 FREEPORT PLACE
City-St-Zip: DULLES, VA 20166

Title: D () Delete
Name: SCHODROWSKI, JOE
Address: 43462 FREEPORT PLACE
City-St-Zip: DULLES, VA 20166

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: GINA SCHODROWSKI

D

05/18/2009

Electronic Signature of Signing Officer or Director

Date