

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08261

FILED
Apr 10, 2009
Secretary of State

Entity Name: SAN CRISTOBAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1444 SAN CRISTOBAL AVENUE
PORT CHARLOTTE, FL 33983

New Principal Place of Business:

Current Mailing Address:

2421 SHREVE ST
STE 115
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2520178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DOROTHY M
2421 SHREVE ST STE 115
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: SD () Delete
Name: GOODWIN, EULALA
Address: 13370 HUNTINGTN CIR
City-St-Zip: APPLE VALLEY, MN 55124

Title: TD () Delete
Name: DEHENEDECTIS, MARK
Address: 1444 SAN CRISTOBAL AVE APT E
City-St-Zip: PUNTA GORDA, FL 33983

Title: PD () Delete
Name: HELMNIK, ADAM
Address: P.O. BOX 231
City-St-Zip: TUSTIN, MI 49688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: OSYPENKO, IGOR
Address: 1444 SAN CRISTOBAL AVE., APT A
City-St-Zip: PUNTA GORDA, FL 33983

Title: TD (X) Change () Addition
Name: DEHENEDECTIS, MARK
Address: 25526 HERITAGE LAKE BLVD
City-St-Zip: PUNTA GORDA, FL 33983

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: DOROTHY M. BENNETT

CAM

04/10/2009

Electronic Signature of Signing Officer or Director

Date