

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08821

FILED
Jan 07, 2009
Secretary of State

Entity Name: SUPER 8 SHOPPES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4152 W. BLUE HERON BLVD. #128
RIVIERA BEACH, FL 334041858

New Principal Place of Business:

4152 W. BLUE HERON BLVD.
RIVIERA BEACH, FL 334041858

Current Mailing Address:

8127 SE WOODLAKE LN.
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 59-2747820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARAMORE, NANCY
8127 SE WOODLAKE LN
HOBE SOUND, FL 33455 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: NUTTER, ROBERTS
Address: 4151 W. BLUE HERON BLVD #122
City-St-Zip: WEST PALM BEACH, FL 33404

Title: SD () Delete
Name: NARAMORE, NANCY
Address: 8127 SE WOODLAKE LN
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: O'BRIAN, ROBERT
Address: 4151 W BLUE HERON BLVD #120
City-St-Zip: WEST PALM BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NUTTER, ROBERT
Address: 4151 W. BLUE HERON BLVD #122
City-St-Zip: RIVIERA BEACH, FL 33404

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

Title: D (X) Change () Addition
Name: O'BRIEN, ROBERT
Address: 4151 W BLUE HERON BLVD #120
City-St-Zip: RIVIERA BEACH, FL 33404

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: NANCY NARAMORE

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01/07/2009

Electronic Signature of Signing Officer or Director

Date