

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006222

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** RESIDENTIAL CONDOMINIUM IXCHEL I INC

**Current Principal Place of Business:**

15609 GARDENSIDE LANE  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

15609 GARDENSIDE LANE  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 27-0438349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUNY, ANNE M  
15609 GARDENSIDE LANE  
TAMPA, FL 33624 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: CHRM  
Name: SMITH, DEAN  
Address: PO BOX 16865  
City-St-Zip: ROCKY RIVER, OH 44116 US

Title: SECT  
Name: SCHUMACHER, DIANE  
Address: 2435 RANDAL POINT COURT  
City-St-Zip: SPRING, TX 77388 US

Title: TRES  
Name: CUNY, ANNE M  
Address: 15609 GARDENSIDE LANE  
City-St-Zip: TAMPA, FL 33624 US

Title: DIR  
Name: OJALA, ROY  
Address: 733 SNOWCREST PLACE  
City-St-Zip: WATERLOO, ON N2J 3Z4 CA

Title: DIR  
Name: SMITH, LISTER  
Address: 76 JOHN STREET  
City-St-Zip: THORNHILL, ON L3T 1Y2 CA

Title: DIR  
Name: JARKOW, LLOYD  
Address: 230 EAST 50TH STREET  
City-St-Zip: NEW YORK, NY 10022 US

I hereby 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 all other like empowered.

SIGNATURE: ANNE CUNY

TRES

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date