2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N10462

Entity Name: ANNA MARIA SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3909 E. BAY DR., STE. 7
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

3909 E. BAY DR., STE. 7
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 65-0115962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRESE, PAUL J., M.D.
3909 EAST BAY DRIVE
SUITE 7
HOLMES BEACH, FL 34217 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: PELHAM, STEPHEN,
Address: 3909 EAST BAY DRIVE
City-St-Zip: HOLMES BEACH, FL

Title: D ( ) Delete
Name: YATROS, GY
Address: 3909 EAST BAY DR.
City-St-Zip: HOLMES BCH, FL

Title: D ( ) Delete
Name: BARRESE, PAUL,
Address: 3909 E.BAY DRIVE
City-St-Zip: HOLMES BCH., FL

Title: D ( ) Delete
Name: KOSFELD, SCOTT
Address: 3909 E BAY DR
City-St-Zip: HOLMES BCH, FL

Title: D ( ) Delete
Name: WALTER, MICHAEL
Address: 3909 EAST BAY DR
City-St-Zip: HOLMES BEACH, FL 34217

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:

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: MICHAEL WALTER D 01/22/2009

Electronic Signature of Signing Officer or Director — Date