

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10604

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: BARUNA BAY CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

3618 NE 18TH PL.  
CAPE CORAL, FL 33909 US

## New Principal Place of Business:

2180 MARAVILLA LN  
110  
FT. MYERS, FL 33901 US

## Current Mailing Address:

3618 NE 18TH PL.  
CAPE CORAL, FL 33909

## New Mailing Address:

2180 MARAVILLA LN  
110  
FT. MYERS, FL 33901 US

FEI Number: 59-2787823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, CARMEN N  
3618 NE 18TH PL.  
CAPE CORAL, FL 33909 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: VP ( ) Delete  
Name: FEKETE, SUSAN  
Address: 4708 SW 8TH PL. #102  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete  
Name: WAGAMON, JOHN  
Address: 4708 SW 8TH PL #208  
City-St-Zip: CAPE CORAL, FL 33914

Title: ST ( ) Delete  
Name: OOSTERLYNCK, LYDIA  
Address: 829 SW 47TH TER. #105  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: SEARLE, LINDA  
Address: 829 SW 47TH TERR. #106  
City-St-Zip: CAPE CORAL, FL 33914

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: CARMEN N. MORALES

MGR

04/03/2009

Electronic Signature of Signing Officer or Director

Date