

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11039

FILED
Apr 29, 2010
Secretary of State

Entity Name: THE CITADEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CITADEL LANE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9845 CITADEL LANE
BOX 100
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-2830286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFILIPPO, NICHOLAS
MARTOCCIO & DEFILIPPO LLP
3380 WOODS EDGE CIR STE 104
BONITA SPRINGS, FL 34134 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
Name: WENGLOWSKI, PETER
Address: 9871 CITADEL LANE #104
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD
Name: ANGELO, BRIAN
Address: 9820 CITADEL LANE #109
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD
Name: CAMPBELL, CAMILLA
Address: 9820 CITADEL LANE #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD
Name: BROWN, JAMES
Address: 9845 CITADEL LANE #108
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: LEGASSE, LORRAINE
Address: 9845 CITADEL LANE #107
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: DERRAH, CAROLYN
Address: 9820 CITADEL LANE #108
City-St-Zip: BONITA SPRINGS, FL 34135

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: CAMILLA CAMPBELL

TD

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date