

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14774

FILED
Apr 29, 2009
Secretary of State

Entity Name: 1617 TUTTLE ASSOCIATION, INC.

Current Principal Place of Business:

1617 TUTTLE AVE S
SARASOTA, FL 34239 US

New Principal Place of Business:

1617 TUTTLE AVE S
SUITE 2A
SARASOTA, FL 34239 US

Current Mailing Address:

1617 S. TUTTLE AVE
SUITE 2A
SARASOTA, FL 34239

New Mailing Address:

1617 TUTTLE AVE S
SUITE 2A
SARASOTA, FL 34239 US

FEI Number: 59-2750205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, TED CPA,PA
1617 TUTTLE AVE SUITE 2A
SARASOTA, FL 34239 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: DUNN, TED
Address: 1617 TURTLE AVE #2A
City-St-Zip: SARASOTA, FL 34239

Title: VPD () Delete
Name: SWOR, MICHAEL
Address: 1617 TURTLE AVE S. #1A
City-St-Zip: SARASOTA, FL 34237

Title: P () Delete
Name: GIROGETTI, PAUL J JR
Address: 1617 S. TURTLE AVE. #20
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: GRZEP, CHIS
Address: 1617 S. TURTLE AVE. S. #3A
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUNN, TED
Address: 1617 TUTTLE AVE #2A
City-St-Zip: SARASOTA, FL 34239

Title: VPD (X) Change () Addition
Name: SWOR, MICHAEL
Address: 1617 TUTTLE AVE S. #1A
City-St-Zip: SARASOTA, FL 34237

Title: P (X) Change () Addition
Name: GIORGETTI, PAUL J JR
Address: 1617 S. TUTTLE AVE. #20
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Change () Addition
Name: GRZEP, CHRIS
Address: 1617 S. TUTTLE AVE. S. #3A
City-St-Zip: SARASOTA, FL 34239

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: TED DUNN

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date