2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N15355

Entity Name: SAILFISH VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

969 S. FEDERAL HWY
401
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

969 S. FEDERAL HWY
401
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0065131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGNATURE PROPERTY MANAGEMENT
969 S. FEDERAL HWY
SUITE #401
STUART, FL 34994 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: TD ( ) Delete
Name: MOLINARI, JUNE
Address: 1667 NE NAUTICAL PL
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD ( ) Delete
Name: HERMAN, JOHN
Address: 1515 NE BEACON DR #604
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD ( ) Delete
Name: AMOLE, CAROL
Address: 1515 NE BEACON DR #601
City-St-Zip: JENSEN BEACH, FL 34957

Title: VPD ( ) Delete
Name: BUBLAK, CLAUDETTE
Address: 1515 NE BEACON DR., #602
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: FELS, WILLIAM
Address: 212 HANOVER AVE
City-St-Zip: MARGATE CITY, NJ 08402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: MOLINARI, JUNE
Address: 1667 NE NAUTICAL PL #702
City-St-Zip: JENSEN BEACH, FL 34957

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: LENARD GOLDBAUM AGNT 03/23/2009

Electronic Signature of Signing Officer or Director — Date