

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17627

FILED
Feb 13, 2009
Secretary of State

Entity Name: TALA LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4065 OAKVIEW DR.
P O BOX 380741
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

4065 OAKVIEW DR.
PORT CHARLOTTE, FL 33980 US

Current Mailing Address:

6025 TAYLOR RD
#2
PUNTA GORDA, FL 33950 US

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

FEI Number: 59-2789821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MGMT., INC.
6025 TAYLOR ROAD
#2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MGMT., INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SEARGENT, JULIE
Address: 4016 OAKVIEW DR., #1
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: P () Delete
Name: SMITH, BETTY
Address: 4000 OAKVIEW DR., #9
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T () Delete
Name: SMITH, CHRISTINE
Address: 4056 OAKVIEW DR., #3
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VP () Delete
Name: GRUBBS, CHARLES
Address: 4040 OAKVIEW DR., #3
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: FRANKLIN, DONALD
Address: 4032 OAKVIEW DR #4
City-St-Zip: PORT CHARLOTTE, FL 33980

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: BETTY SMITH

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date