2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N20353

Entity Name: PONTE DEL MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

911 S. OCEAN BLVD.
3A
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

PONTE DEL MAR
911 S. OCEAN BLVD 3A
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 06-1228346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALLEY, JOHN
911 S. OCEAN BLVD. APT 3A
BOCA RATON, FL 33432 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: DP ( ) Delete
Name: SALLEY, JOHN
Address: 911 S OCEAN BLVD #3-A
City-St-Zip: BOCA RATON, FL 33432

Title: DVPT ( ) Delete
Name: CUSHING, JAMES
Address: 911 S OCEAN BLVD #3 C
City-St-Zip: BOCA RATON, FL 33432

Title: DS ( ) Delete
Name: CASEY, GAYLE
Address: 911 S. OCEAN BLVD. #4C
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: CEPEDA, GAYLE
Address: 2991 BANYON RD
City-St-Zip: BOCA RATON, FL 33432

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: D (X) Change ( ) Addition
Name: CEPEDA, GAYLE
Address: 911 S. OCEAN BLVD #4A
City-St-Zip: BOCA RATON, FL 33432

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: JOHN SALLEY PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date