2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21611

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 21, 2009 Secretary of State

Entity Name: GARRETT'S RUN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7900 GREENBORO DRIVE WEST MELBOURNE, FL 329041658 **Current Mailing Address: New Mailing Address:** 7900 GREENBORO DRIVE WEST MELBOURNE, FL 329041658 FEI Number: 59-2931826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLATINUM COAST MANAGEMENT SPACE COAST PROPERTY MANAGEMENT 2625 N HARBOR CITY BLVD 645 CLASSIC COURT SUITE 104 MELBOURNE, FL 32935 US MELBOURNE, FL 32940 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: CINDY MARRS 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GEIGER, MARION SAHLSTROM, FRED Name: Name: 7817 SHADEWOOD DR #207 Address: 7821 MAPLEWOOD DRIVE #405 Address: City-St-Zip: W. MELBOURNE, FL 32904 City-St-Zip: W. MELBOURNE, FL 32904 Title: Title: (X) Change () Addition () Delete HEISEY, KATHY Name: HEISEY, KATHRYN Name: Address: 7817 MAPLEWOOD DR #616 Address: 7817 MAPLEWOOD DR #616 City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: WEST MELBOURNE, FL 32904 Title: () Delete Title: (X) Change () Addition HAMILTON, JANE SCHNEIDER, ALEX Name: Name: 7801 MAPLEWOOD DRIVE #914 7820 SHADOWOOD DRIVE #309 Address: Address: City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: WEST MELBOURNE, FL 32904 Title: Title: (X) Change () Addition () Delete GRIFFITH, CATHERINE Name: Name: ENGEL, PETER 7820 SHADOWOOD DRIVE #304 Address: 7815 MAPLEWOOD DR #702 Address: City-St-Zip: W MELBOURNE, FL 32904 City-St-Zip: W MELBOURNE, FL 32904 Title: () Delete Title: () Change (X) Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FASSLER, ALFRED

CASSESE, PETER

7820 SHADOWOOD DRIVE #312

7821 MAPLEWOOD DRIVE #402 W. MELBOURNE, FL 32904

() Change (X) Addition

W. MELBOURNE, FL 32904

SIGNATURE: KATHRYN HEISEY P 04/21/2009

() Delete