

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22524

FILED
Jan 21, 2009
Secretary of State

Entity Name: P & I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

187 S ATLANTIC AVENUE
P.O. BOX 5386, 149 BROADWAY
ORMOND BEACH, FL 321766620 US

New Principal Place of Business:

187 S ATLANTIC AVENUE
ORMOND BEACH, FL 32176 US

Current Mailing Address:

P O BOX 306
ORMOND BCH, FL 321750306 US

New Mailing Address:

187 S ATLANTIC AVENUE
ORMOND BEACH, FL 32176 US

FEI Number: 59-3001407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEET, JEFFREY C.
595 W GARANADA BLVD STE A
ORMOND BEACH, FL 32174 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: COLBERT, NELL
Address: 187 S. ATLANTIC AVE.
City-St-Zip: ORMOND BEACH, FL 32176

Title: STD () Delete
Name: KULZER, CAROL A
Address: 313 TIMBERLINE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: EYCKE, JOAN D
Address: 703 VIRGINIA TERR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VPD () Delete
Name: BANKS, THOMAS
Address: 187 S ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: KULZER, JEFFREY
Address: 50 RIVER BEACH DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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: VPD (X) Change () Addition
Name: MUDDIMAN, ROY
Address: 187 S ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

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: JEFFREY KULZER

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date