2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N23661

Entity Name: THE HABITAT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

820 HIDEAWAY CIRCLE EAST
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

820 HIDEAWAY CIRCLE EAST
MARCO ISLAND, FL 34145 US

New Mailing Address:

834 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 US

FEI Number: 65-0052950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUSEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND, FL 34145 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: FREEMAN, BARBARA
Address: 52 CARRIE CIRCLE
City-St-Zip: FAIRFIELD, CT 06825

Title: VD ( ) Delete
Name: SMITH, VALERIE
Address: 812 HIDEAWAY CIRCLE #115
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: LANOIX, MARGE
Address: 824 HIDEAWAY CIRCLE #112
City-St-Zip: MARCO ISLAND, FL 34145

Title: S ( ) Delete
Name: GILLIGAN, BRIAN
Address: 812 HIDEAWAY
City-St-Zip: MARCO ISLAND, FL 34145

Title: PD ( ) Delete
Name: CATALDO, THOMAS
Address: BOX 2252 8 S STATION ST
City-St-Zip: DUXBURY, MA 02332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ARCHIPLEY, JOAN
Address: 828 HIDEAWAY CIRCLE
City-St-Zip: MARCO ISLAND, FL 34145

Title: VD (X) Change ( ) Addition
Name: SMITH, VALERIE
Address: P.O. BOX 1212
City-St-Zip: MARSHFIELD, MA 02050

Title: D (X) Change ( ) Addition
Name: MCLAUGHLIN, JOHN
Address: 74 LAWLEY STREET
City-St-Zip: DORCHESTER, PA 02122

Title: S (X) Change ( ) Addition
Name: GILLIGAN, BRIAN
Address: 812 HIDEAWAY #112
City-St-Zip: MARCO ISLAND, FL 34145

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: THOMAS CATALDO PD 02/27/2009

Electronic Signature of Signing Officer or Director — Date