2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24073

FILED Jan 16, 2009 Secretary of State

Entity Name: ADESTE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 104 E. FOWLER AVE # 190 TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** P.O BOX 10217 TAMPA, FL 33679 US FEI Number: 59-3022626 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: FRANCIS, FRISCIA 5550 W EXECUTIVE DR SUITE 250 TAMPA, FL 33609 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRENNER, RICHARD Name: Name: Address: PO BOX 10217 Address: City-St-Zip: TAMPA, FL 33679 City-St-Zip: Title: () Delete Title: () Change () Addition RODE, GORDON Name: Name: Address: PO BOX 10217 Address: City-St-Zip: TAMPA, FL 33679 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCHWAREZ, BARRY Name: SCHWARTZ, BARRY Name: Address: PO BOX 10217 Address: PO BOX 10217 City-St-Zip: TAMPA, FL 33679 City-St-Zip: TAMPA, FL 33679

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: RANDY L NEFF MGR. 01/16/2009