

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29147

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE ST. CHARLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

545 - 11TH AVE SO
NAPLES, FL 341027142 US

New Principal Place of Business:

Current Mailing Address:

545 - 11TH AVE SO
NAPLES, FL 341027142 US

New Mailing Address:

C/O DIRECTORS CHOICE, LLC
PO BOX 1405
NAPLES, FL 341061405 US

FEI Number: 65-0331845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIRECTORS CHOICE, LLC
1085 5TH ST S
NAPLES, FL 34102 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: P () Delete
Name: PRICE, CHARLOTTE
Address: 500 CLUB LANE
City-St-Zip: LOUISVILLE, KY 40207

Title: VP () Delete
Name: CURRIER, MARILYN
Address: 541 11TH AVE S.
City-St-Zip: NAPLES, FL 34102

Title: ST () Delete
Name: LIGHTCAP, PATRICIA
Address: 537 11TH AVE S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/T (X) Change () Addition
Name: PRICE, CHARLOTTE
Address: 500 CLUB LANE
City-St-Zip: LOUISVILLE, KY 40207

Title: P (X) Change () Addition
Name: MCCARTHY, JOHN
Address: 547 11TH AVE S.
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change () Addition
Name: BALCONI, JOHN
Address: 539 11TH AVE S
City-St-Zip: NAPLES, FL 34102

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 MCCARTHY

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date