

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29250

FILED
Apr 24, 2009
Secretary of State

Entity Name: SWISS POINTE CONDOMINIUM ASSOCIATION CORP.

Current Principal Place of Business:

2990 SOUTH FISKE BLVD
OFFICE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

2990 SOUTH FISKE BLVD
OFFICE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-2926400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSER, WILHELM
2990 S FISKE BLVD D-1
ROCKLEDGE, FL 32955 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: PSD () Delete
Name: WALSER, WILHELM A
Address: 2990 S. FISKE BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS () Delete
Name: WALSER, OLIVER W
Address: 2990 S. FISKE BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VSD () Delete
Name: WALSER, THERESA
Address: 2990 S FISKE BLVD D-1
City-St-Zip: ROCKLEDGE, FL

Title: DT () Delete
Name: CAPPELNANN, JOHN
Address: 2990 S. FISKE BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

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: () 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: WALSER WILHELM

PSD

04/24/2009

Electronic Signature of Signing Officer or Director

Date