

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33052

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** CLARK CENTER WAREHOUSE ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CLARK CENTER WAREHOUSE  
6245 CLARK CTR AVE, STE J  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

CLARK CENTER WAREHOUSE  
6245 CLARK CTR AVE,  
SARASOTA, FL 34238 US

**Current Mailing Address:**

P.O. BOX 21343  
SARASOTA, FL 34276 US

**New Mailing Address:**

**FEI Number:** 65-0152022      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLASS, ALLAN  
6245 CLARK CTR AVE  
SUITE J  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

GLASS, ALLAN  
6245 CLARK CTR AVE  
SARASOTA, FL 34238 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:

01/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GLASS, ALLAN  
Address: 6245 CLARK CTR AVE UNIT J  
City-St-Zip: SARASOTA, FL 34238

Title: VD ( ) Delete  
Name: GLASS, ALLAN  
Address: 6245 CLARK CTR AVE UNIT J  
City-St-Zip: SARASOTA, FL

Title: SD ( ) Delete  
Name: HOPPEN, JOSEF  
Address: 6245 CLARKCENTER AVE., SUITE M  
City-St-Zip: SARASOTA, FL 34238

Title: TD ( ) Delete  
Name: LEYLAND, ROBERT  
Address: 6425 CLARK CENTER AVE., SUITE E  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GLASS, ALLAN  
Address: 6245 CLARK CTR AVE  
City-St-Zip: SARASOTA, FL 34238

Title: VD (X) Change ( ) Addition  
Name: GLASS, ALLAN  
Address: 6245 CLARK CTR AVE  
City-St-Zip: SARASOTA, FL

Title: SD (X) Change ( ) Addition  
Name: HOPPEN, MICHAEL  
Address: 6245 CLARKCENTER AVE., SUITE M  
City-St-Zip: SARASOTA, FL 34238

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: ALLAN GLASS

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date