## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38181

FILED Mar 30, 2009 Secretary of State

Entity Name: ST. CLAIR GARDEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14728 ORANGE GROVE BLVD 4728 ORANGE GROVE BLVD

#10 #10

NORTH FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 US

Current Mailing Address: New Mailing Address:

4728 ORANGE GROVE BOULEVARD N. FT. MYERS, FL 33903 US

FEI Number: 59-1929421 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:

JIEGEL, GLADYS SIEGEL, GLADYS

4728 ORANGE GROVE BLVD. #10 4728 ORANGE GROVE BLVD. #10
NORTH FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 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: GLADYS SIEGEL 03/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 4728 ORANGE GROVE BLVD. Address: 4728 ORANGE GROVE BLVD. City-St-Zip: N FT MYERS, FL 33903 City-St-Zip: N FT MYERS, FL 33903

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: DANIELS, DEBRA DANIELS, DEBRA

Name: DANIELS, DEBRA Name: DANIELS, DEBRA

Address: 4728 ORANGE GROVE BLVD Address: 4728 ORANGE GROVE BLVD #9

City-St-Zip: N FORT MYERS, FL 33903 City-St-Zip: N FORT MYERS, FL 33903

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: BAKER, MICHAEL Name: TRIPP, ELLEN
Address: 4728 ORANGE GROVE BLVD. Address: 4728 ORANGE GROVE BLVD #13

 Address:
 4728 ORANGE GROVE BLVD.
 Address:
 4728 ORANGE GROVE BLVD #13

 City-St-Zip:
 N. FT. MYERS, FL 33903
 City-St-Zip:
 N. FT. MYERS, FL 33903

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: ELLEN TRIPP VP 03/30/2009