2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N38371

Entity Name: RUBICON MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

615 CAPE CORAL PKWY 103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

615 CAPE CORAL PKWY 103
#3
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-1806716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY W. #103
CAPE CORAL, FL 33914 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:	VP	( ) Delete
Name:	D'ARCANGELO, MARK	
Address:	4045 RIDGE BROOK BLVD.	
City-St-Zip:	CUMMING, GA 30040	
Title:	S	( ) Delete
Name:	ADAMSON, CONNIE	
Address:	1534 SW 53RD LANE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	P	( ) Delete
Name:	HOOPER, ANNA M	
Address:	4613 SE 5TH AVE #204	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	T	( ) Delete
Name:	VOORHEES, PHIL	
Address:	732 69TH STREET	
City-St-Zip:	WILLOWBROOK, IL 60527	
Title:	D	( ) Delete
Name:	JONES, DONNA	
Address:	2115 KANSAS AVE.	
City-St-Zip:	MCKEESPORT, PA 15131	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ADAMSON, CONNIE	
Address:	1534 SW 53RD LANE	
City-St-Zip:	CAPE CORAL, FL 33914	
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: ANNA M HOOPER PRES 04/24/2009

Electronic Signature of Signing Officer or Director — Date