

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39160

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ALFRENA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

23380 JANICE AVE  
CHARLOTTE HARBOR, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

23380 JANICE AVE  
CHARLOTTE HARBOR, FL 33980

**New Mailing Address:**

FEI Number: 65-0340085      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GREENE, KEVIN J  
23380 JANICE AVE  
CHARLOTTE HARBOR, FL 33980      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: STANDIFER, TOM  
Address: 1840 S COMBEE RD  
City-St-Zip: LAKELAND, FL 33801

Title: S      ( ) Delete  
Name: WOODARD, GARY  
Address: 23380 JANICE AVE #4  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T      ( ) Delete  
Name: GREENE, KEVIN  
Address: 23380 JANICE AVE #6  
City-St-Zip: PORT CHARLOTTE, FL 33980

**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:

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: KEVIN J. GREENE

T

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date