2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41540

FILED Apr 03, 2009 Secretary of State

Entity Name: THE CLARIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7515 PELICAN BAY BOULEVARD NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** 7515 PELICAN BAY BOULEVARD NAPLES, FL 34108 US FEI Number: 65-0487980 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: FALK, STEVEN M ESQ C/O ROETZEL E ANDRESS 850 PARK SHORE DR, THIRD FLOOR NAPLES, FL 34103 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Delete () Change () Addition BECKER, ALVIN Name: Name: 7515 PELICAN BAY BLVD. 9-C Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BECKER, ROBERT Name: Address: 7515 PELICAN BAY BLVD SUITE 22D Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition KENNEY, WALTER Name: Name: 7515 PELICAN BAY BLVD, 15-A Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRECK, JOHN Name: 7515 PELICAN BAY BLVD, #15 D Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: Title: () Delete () Change () Addition MAHER, TOM Name: Name: 7515 PELICAN BAY BLVD STE 17B Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: (X) Change () Addition YOUNG, SHERRI VANHOSEN, EVERETT Name: Name: Address: 7515 PELICAN BAY BLVD, #10 C Address: 7515 PELICAN BAY BLVD, 17-D NAPLES, FL 34108 NAPLES, FL 34108 City-St-Zip: 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: WALTER KENNEY P 04/03/2009