

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42349

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE SHERWIN CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

2555 SO. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

2555 SO. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118 US

New Mailing Address:

FEI Number: 59-3057935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, MORRIS W
150 DUNDEE RD STE AB
DAYTONA BCH SHORES, FL 32118 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: PD () Delete
Name: STANLEY, WALT
Address: 2555 S ATLANTIC AVE #203
City-St-Zip: DAYTONA BCH SHORES, FL 32118

Title: VPD () Delete
Name: HARTWELL, RICHARD
Address: 2555 S ATLANTIC AVENUE #1205
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: T () Delete
Name: MURPHY, PEGGY
Address: 2555 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL

Title: S () Delete
Name: LAMSON, DONALD
Address: 2555 S ATLANTIS # 1702
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: GOURLEY, PAUL
Address: 2555 S ATLANTIC #402
City-St-Zip: DAYTONA BEACH, FL 32118

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:

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: LINDA DAY

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date