

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000203

FILED
Mar 31, 2009
Secretary of State

Entity Name: ADRIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1440 SOUTH OCEAN DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

2925 CARDINAL DRIVE
SUITE C
VERO BEACH, FL 32963

New Mailing Address:

2925 CARDINAL DRIVE
SUITE D
VERO BEACH, FL 32963

FEI Number: 65-0570091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREFFNI MANAGEMENT
2800 OCEAN DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

BREFFNI MANAGEMENT
2925 CARDINAL DRIVE
SUITE D
VERO BEACH, FL 32963 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: _____

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: RYSKA, MARK
Address: 1440 SOUTH OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: POWERS, RICHARD
Address: 5 FREEMONT STREET
City-St-Zip: OXFORD, MA 01540

Title: SD () Delete
Name: MCENERNEY, PATRICIA
Address: 1012 POITRAS DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MAHAN, SHEILA
Address: 3919 NE 21ST AVENUE
City-St-Zip: PORTLAND, OR 97212

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: PATRICIA MCENERNEY

SD

03/31/2009

Electronic Signature of Signing Officer or Director

Date