## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000573

FILED Mar 16, 2009 Secretary of State

Entity Name: OSTEGO BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

27180 BAY LANDING DR. 27180 BAY LANDING DR.

STE 4

BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

27180 BAY LANDING DR. 27180 BAY LANDING DR.

STE 4

BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US

FEI Number: 22-3223461 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:

STERLING PROPERTY SERVICES 27180 BAY LANDING DR. SUITE 4 BONITA SPRINGS, FL 34135 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:

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Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition

 Title:
 P
 ( ) Delete
 Title:
 DP
 (X) Cha

 Name:
 HAWKINSON, JOHN
 Name:
 HAWKINSON, JOHN

Address: N1817 BLACK POINTE LANE Address: 330 LENNELL RD

City-St-Zip: LAKE GENEVA, WI 53147 City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ST () Delete Title: DST (X) Change () Addition Name: MILLER, ROBERT Name: MILLER, ROBERT

Address: 300 LENELL ROAD Address: 300 LENELL ROAD
City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VP ( ) Delete Title: DV (X) Change ( ) Addition

 Name:
 SCHRAMM, LARRY
 Name:
 SCHRAMM, LARRY

 Address:
 6200 SOUTH JACKSON RD
 Address:
 352 LENNELL RD

 Address:
 6200 SOUTH JACKSON RD
 Address:
 352 LENNELL RD

 City-St-Zip:
 JACKSON, MI 49201
 City-St-Zip:
 FORT MYERS BEACH, FL 33931

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: JOHN HAWKINSON DP 03/16/2009