## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001321

FILED Mar 24, 2009 Secretary of State

Entity Name: OLD FENIMORE MILL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IILL DRIVE EY, FL 32625	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO 805 CEDAR K	EY, FL 32625	US			
FEI Number	r: 59-3185752	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
471 DOCŁ	SHRADER KSTREET EY, FL 32625	US			
	e named entity รเ e of Florida.	bmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	DVP ()E	Pelete	Title:	( ) Change ( ) Addition	
Address:	KERR, STEVE 225 LAKESIDE T CANTON, GA 30		Name: Address: City-St-Zip:	( ) Shange ( ) / Addition	
Address: City-St-Zip: Fitle: Name: Address:	KERR, STEVE 225 LAKESIDE T CANTON, GA 30	115 Delete IIE	Name: Address:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip:	KERR, STEVE 225 LAKESIDE T CANTON, GA 30  DP () E CARDONA, LANN PO BOX 849 CEDAR KEY, FL	115 Delete IIE 32625 Delete K	Name: Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	KERR, STEVE 225 LAKESIDE T CANTON, GA 30  DP () E CARDONA, LANN PO BOX 849 CEDAR KEY, FL  D () E MOLITOR, FRAN PO 843 CEDAR KEY, FL	115 Delete IIE 32625 Delete K 32625 Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  ( ) Change ( ) Addition  (X) Change ( ) Addition  E, JAMES  7	

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: SHRADER MILLER RA 03/24/2009