2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N93000003395

Entity Name: PAULSON DRIVE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18350 PAULSON DRIVE
PT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN STREET
112
PUNTA GORDA, FL 33950 US

New Mailing Address:

7545 TOTEM AVE
NORTH PORT, FL 34286 US

FEI Number: 65-0449566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUMAN, LINDA
18350 PAULSON DR.
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

SHUMAN, LINDA
18350 PAULSON DR.
PORT CHARLOTTE, FL 33954 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: _____ 01/09/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: BRANNO, BOB
Address: 18350 PAULSON DR. A3-4
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DP ( ) Delete
Name: SHUMAN, LINDA
Address: 18350 PAULSON DR. C1-4
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPSD ( ) Delete
Name: LIMBERGER, TAMMI
Address: 18350 PAULSON DR.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BROOKS, DARLENE
Address: 7545 TOTEM AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: DP (X) Change ( ) Addition
Name: SHUMAN, LINDA
Address: 18350 PAULSON DR. C1-4
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VPSD (X) Change ( ) Addition
Name: SHUMAN, LINDA
Address: 18350 PAULSON DR. C1-4
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: SD ( ) Change (X) Addition
Name: BROOKS, DARLENE
Address: 7545 TOTEM AVE.
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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: DARLENE BROOKS TD 01/09/2007
Electronic Signature of Signing Officer or Director — Date