

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003395

FILED
Feb 08, 2009
Secretary of State

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:

18350 PAULSON DRIVE
PT CHARLOTTE, FL 33954 US

Current Mailing Address:

7545 TOTEM AVE
NORTH PORT, FL 34286 US

New Mailing Address:

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 33954 US

Name and Address of New Registered Agent:

BROOKS, THOMAS
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: THOMAS BROOKS

02/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BROOKS, DARLENE
Address: 7545 TOTEM AVE.
City-St-Zip: NORTH PORT, FL 34291

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

Title: VPSD () Delete
Name: BROOKS, THOMAS
Address: 7545 TOTEM AVE.
City-St-Zip: NORTH PORT, FL 34291

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: BROOKS, THOMAS
Address: 7545 TOTEM AVE
City-St-Zip: NORTH PORT, FL 34291

Title: VPSD (X) Change () Addition
Name: LINDERMAN, JAN
Address: PO BOX 380545
City-St-Zip: MURDOCK, FL 33938

Title: SD (X) Change () Addition
Name: SHUMAN, LINDA
Address: PO BOX 381118
City-St-Zip: MURDOCK, FL 33938

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: DARLENE BROOKS

TD

02/08/2009

Electronic Signature of Signing Officer or Director

Date