

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000298

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** PLACIDA BAY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1861 PLACIDA RD.  
SUITE 204  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 E. PINE STREET, STE 136  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

**FEI Number:** 59-2180334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISCHEL, RAYMOND W  
900 E. PINE STREET, STE 136  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: MAINE, MICHAEL  
Address: 11021 FALL CREEK RD  
City-St-Zip: INDIANAPOLIS, IN 46256

Title: PD ( ) Delete  
Name: CORLEY, JOHN  
Address: 201 W MAIN ST PO BOX 270  
City-St-Zip: MONTICELLO, IL 61856

Title: TD ( ) Delete  
Name: MULKEY, LARRY  
Address: PO BOX 559  
City-St-Zip: PLACIDA, FL 33946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: CANNEY, MICHAEL  
Address: 1430 SPRING HILL ROAD SUITE 300  
City-St-Zip: MCLEAN, VA 22102

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 CORLEY

PD

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date