2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N94000000402

Entity Name: KIAWAH BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3291876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: ASHE, PAUL
Address: 4860 ATLANTIC AVE S #206
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD ( ) Delete
Name: BALABAS, KATHLEEN M
Address: 4870 ATLANTIC AVE S #101
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD ( ) Delete
Name: HILL, SAMUEL
Address: 4860 ATLNATIC AVE S #102
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete
Name: LOTIERZO, JOHN
Address: 4870 ATLANTIC AVE S #206
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete
Name: POWELL, STEPHEN
Address: 4624 VAN KLEECK DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ASHE, PAUL
Address: 4860 ATLANTIC AVE S #206
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TSD (X) Change ( ) Addition
Name: BALABAS, KATHLEEN M
Address: 4870 ATLANTIC AVE S #101
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: PD (X) Change ( ) Addition
Name: LOTIERZO, JOHN
Address: 4870 ATLANTIC AVE S #206
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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 LOTIERZO PD 03/11/2009
Electronic Signature of Signing Officer or Director — Date