


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000000749	
1. Entity Name UMBRELLA BEACH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1501 GULF DR. NO BRADENTON BEACH, FL 34217	Mailing Address 1501 GULF DR. NO BRADENTON BEACH, FL 34217
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0660394		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALENTE, JAMES 1501 GULF DRIVE NO BRADENTON BEACH, FL 34217		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KSIAZEK, ADAM			NAME			
STREET ADDRESS	1501 GULF DR N.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-ST-ZIP	U00000731514 01/23/08-80078-012 61.25		
TITLE	TDP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPHARD, MARVIN			NAME			
STREET ADDRESS	1501 GULF DR N.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRK, PATRICK			NAME			
STREET ADDRESS	1501 GULF DR. N.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARSON, CAROLE			NAME			
STREET ADDRESS	1501 GULF DRIVE NORTH			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, BARRY			NAME			
STREET ADDRESS	1501 GULF DR N			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON BEACH, FL 34217			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date  Daytime Phone # _____