

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000749

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** UMBRELLA BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1501 GULF DR. NO  
BRADENTON BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

1501 GULF DR. NO  
BRADENTON BEACH, FL 34217

**New Mailing Address:**

**FEI Number:** 65-0660394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENTE, JAMES  
1501 GULF DRIVE NO  
BRADENTON BEACH, FL 34217 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: DVP ( ) Delete  
Name: KSIAZEK, ADAM  
Address: 1501 GULF DR N.  
City-St-Zip: BRADENTON, FL 34210

Title: TDP ( ) Delete  
Name: SHEPHARD, MARVIN  
Address: 1501 GULF DR N.  
City-St-Zip: BRADENTON, FL 34210

Title: DS ( ) Delete  
Name: MIRK, PATRICK  
Address: 1501 GULF DR. N.  
City-St-Zip: BRADENTON, FL 34210

Title: DT ( ) Delete  
Name: CARSON, CAROLE  
Address: 1501 GULF DRIVE NORTH  
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete  
Name: FLYNN, BARRY  
Address: 1501 GULF DR N  
City-St-Zip: BRADENTON BEACH, FL 34217

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

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

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

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

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

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: MARVIN SHEPARD

P

04/14/2009

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

\_\_\_\_\_  
Date