

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 15, 2009
Secretary of State**

DOCUMENT# N95000000897

Entity Name: LEWIS CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

276 LEWIS CIRCLE
PUNTA GORDA, FL 33950

New Principal Place of Business:

276 LEWIS CIRCLE
111
PUNTA GORDA, FL 33950

Current Mailing Address:

276 LEWIS CIRCLE #111
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0581525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, MARK
276 LEWIS CIRCLE
UNIT 111
PUNTA GORDA, FL 33950 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAVIS, MARK
Address: 276 LEWIS CIRCLE #111
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: DVST () Delete
Name: BALLUS, JAMES
Address: 276 LEWIS CIRCLE, UNIT 112
City-St-Zip: PUNTA GORDA, FL 33950

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: MARK DAVIS

DP

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date