

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002580

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** REDFISH COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

BENSON'S, INC.  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BENSON'S, INC.  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 59-3369513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VANDALL, BONITA D  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 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: VD  
Name: BUCCI, ROBERT  
Address: 24086 REDFISH COVE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: PD  
Name: JOHNSON, ALAN  
Address: 24117 REDFISH COVE DR  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: STD  
Name: DOBBINS, JIM  
Address: 24074 REDFISH COVE DR  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: D  
Name: PATTON, SONDR  
Address: 24050 REDFISH COVE DR.  
City-St-Zip: PUNTA GORDA, FL 33955

Title: D  
Name: LANGE, NANCY  
Address: 24025 REDFISH COVE CT  
City-St-Zip: PUNTA GORDA, FL 33955

I hereby 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 all other like empowered.

SIGNATURE: ALAN JOHNSON

PRES

01/07/2010

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

\_\_\_\_\_  
Date