

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000960

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: S.P.O. CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

2805 NORTH HIGHWAY A1A  
STE. 100  
INDIALANTIC, FL 32903 US

## New Principal Place of Business:

2805 NORTH HIGHWAY A1A  
INDIALANTIC, FL 32903 US

## Current Mailing Address:

2805 NORTH HIGHWAY A1A  
STE. 100  
INDIALANTIC, FL 32903 US

## New Mailing Address:

1980 N ATLANTIC AVE #701  
COCOA BEACH, FL 32931 US

FEI Number: 59-3363379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, PETEY  
1980 N ATLANTIC AVENUE  
#701  
COCOA BEACH, FL 32931 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: VP ( ) Delete  
Name: FARAH, FRED  
Address: 2805 N. HWY A1A #205  
City-St-Zip: INDIANLANTIC, FL 32903

Title: P ( ) Delete  
Name: BALDI, ANTHONY  
Address: 2805 NORTH HWY A1A #305  
City-St-Zip: INDIALANTIC, FL 32903

Title: STD ( ) Delete  
Name: JASTRZEMBSKI, JOHN  
Address: 2805 NORTH HWY A1A #605  
City-St-Zip: INDIALANTIC, FL 32903

## 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:

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: ANTHONY BALDI

P

04/05/2009

Electronic Signature of Signing Officer or Director

Date