

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002139

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** THE SCIBC/CHI LAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2055 WOOD STREET  
SUITE 202  
SARASOTA, FL 34237

**New Principal Place of Business:**

1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236

**Current Mailing Address:**

2055 WOOD STREET  
SUITE 202  
SARASOTA, FL 34237

**New Mailing Address:**

PO BOX 2879  
SARASOTA, FL 34230

FEI Number: 65-0735562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLING, RENEE R  
2055 WOOD STREET, SUITE 202  
SARASOTA, FL 34237 US

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

KLING, RENEE R  
1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34230 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: RENEE RICHARDSON KLING

02/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: KLING, RENEE R  
Address: 2055 WOOD STREET, SUITE 202  
City-St-Zip: SARASOTA, FL 34237

Title: DV ( ) Delete  
Name: SHAFER, JENNIFER  
Address: 2055 WOOD STREET, SUITE 202  
City-St-Zip: SARASOTA, FL 34237

Title: TD ( ) Delete  
Name: FREDERICK, JAMES  
Address: 2055 WOOD STREET, SUITE 202  
City-St-Zip: SARASOTA, FL 34237

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

Title: DT (X) Change ( ) Addition  
Name: KLING, RENEE R  
Address: PO BOX 2879  
City-St-Zip: SARASOTA, FL 34230

Title: DV (X) Change ( ) Addition  
Name: SHAFER, JENNIFER  
Address: PO BOX 2879  
City-St-Zip: SARASOTA, FL 34230

Title: DP (X) Change ( ) Addition  
Name: RICHARDSON, ROBERT A  
Address: PO BOX 2879  
City-St-Zip: SARASOTA, FL 34230

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: RENEE RICHARDSON KLING

DT

02/17/2009

Electronic Signature of Signing Officer or Director

Date