

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001156

FILED
Jan 08, 2009
Secretary of State

Entity Name: THE STRAND MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5672 STRAND BLVD
SUITE 1
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5672 STRAND BLVD
SUITE 1
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3473780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFMAN, ERIC ESQ
CHEFFY PASSIDOMO WILDON & JOHNSON
8215 5TH AVE S, SUITE 201
NAPLES, FL 34102 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: D () Delete
Name: YOUNG, WILLIAM
Address: 5886 BARELAY LANE
City-St-Zip: NAPLES, FL 34110

Title: VF () Delete
Name: DEFEO, ANTHONY
Address: 5799 PERSIMMON WAY
City-St-Zip: NAPLES, FL 34110

Title: P () Delete
Name: HEDGES, KENNETH
Address: 6036 PINNACLE LANE #702
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: GARDINER, HELEN
Address: 5848 PARADISE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: TESSMER, RICHARD
Address: 5983 TROPHY DRIVE #1502
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: AS () Change (X) Addition
Name: DORRILL, W NEIL
Address: 5672 STRAND CT STE 1
City-St-Zip: NAPLES, FL 34110

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: W NEIL DORRILL

AS

01/08/2009

Electronic Signature of Signing Officer or Director

Date