2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N97000003762

Entity Name: SEARAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

AMERICAN CONDO MANAGEMENT, INC
615 CAPE CORAL PKWY W. #103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

AMERICAN CONDO MANAGEMENT, INC
P.O. BOX 100399
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-0852955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY W. #103
CAPE CORAL, FL 33914 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: VPD ( ) Delete
Name: BOYD, JAMES
Address: 922 SW 48TH TERR #211
City-St-Zip: CAPE CORAL, FL 33904

Title: PD ( ) Delete
Name: HERVOLD, LINDA
Address: 922 SW 48TH TERR #115
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: RODD, CLIFFORD
Address: 922 SW 49TH TERR #114
City-St-Zip: CAPE CORAL, FL 33904

Title: STD ( ) Delete
Name: FIRULLI, MARK
Address: 922 SW 48TH TERR #214
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: FALCETANO, DOREEN
Address: 922 SW 48TH TERR #212
City-St-Zip: CAPE CORAL, FL 33914

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: D (X) Change ( ) Addition
Name: ERCOLE, ANTHONY
Address: 922 SW 49TH TERR #215
City-St-Zip: CAPE CORAL, FL 33914

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: LINDA HERVOLD PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date