

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004230

FILED
Feb 26, 2009
Secretary of State

Entity Name: SUTTON WALK AT LEXINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PAUL L SAPP
14360 S TAMiami TRAIL UNIT B
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

PAUL L SAPP
14360 S TAMiami TRAIL UNIT B
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0734979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, PAUL L
%P&M PROPERTY MANAGEMENT
14360 S TAMiami TRAIL #B
FORT MYERS, FL 33912 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: T () Delete
Name: BROOKOVER, JAMES
Address: 14360 S TAMiami TRAIL B
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: KLOCHANY, GEORGE
Address: 1436 S. TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33912

Title: P () Delete
Name: LYNCH, JAMES
Address: 14360 S TAMiami TRAIL B
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: BEER, GERALD
Address: 14360 S. TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: DETTERY, LINDA
Address: 14360 S TAMiami TRAIL B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LYNCH, JAMES
Address: 14360 S TAMiami TRAIL , UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: BEER, GERALD
Address: 14360 S. TAMiami TRAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: DETTERY, LINDA
Address: 14360 S TAMiami TRAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

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: JAMES LYNCH

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date