2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004719

FILED Mar 05, 2009 Secretary of State

Entity Name: SUNTIDE ON TENTH CONDOMINIUM ASSOCIATION, INC.

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Current Principal Place of Business:				New Principal Place of Business:			
651 10TH A NAPLES, F							
Current Mailing Address:				New Mailing Address:			
C/O FRITZ PROPERTY MGMT. 1622 TRIANGLE PALM TERRACE NAPLES, FL 341193397 US							
FEI Number:	59-3482331	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Des	sired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of	New Registered Agen	t:
FRITZ, ROBERT C/O FRITZ PROPERTY MGMT. 1622 TRIANGLE PALM TERRACE NAPLES, FL 341193397 US				FRITZ, ROBERT 1622 TRIANGLE PALM TERRACE NAPLES, FL 341193397 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:				03/05/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D PHEASANT, LORI 651 10TH AVE. S. NAPLES, FL 3410			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () D MALONE, TESSA 2605 ESTRELLA NAPLES, FL 3410	ст.		Title: Name: Address: City-St-Zip:	DVP (X MALONE, TES 2605 ESTREL NAPLES, FL 3	LA CT.	
Title: Name: Address: City-St-Zip:	DS () D AHRENS, BRITTA ROTHENBAUM CH HAMBURG, GERM	HAUSSE 26		Title: Name: Address: City-St-Zip:	AHRENS, BRIT	() Change () Addition ITA // CHAUSSE 26 ERMANY, XX 20148	
Title: Name: Address: City-St-Zip:	DP () D FROMMELT, JEFI 671 107TH AV. S. NAPLES, FL 3410	F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	STD (BRAINARD, SI 23 RAIDERS L DARIEN, CT C	ANE	

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: JEFF FROMMELT DP 03/05/2009