

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004918

FILED
Apr 17, 2009
Secretary of State

Entity Name: PUESTA DEL SOL AT LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3050 HOESHOR DR N
375
NAPLES, FL 34104 US

New Principal Place of Business:

27299 RIVERVIEW CENTER BLVD
102
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

3050 HOESHOR DR N
375
NAPLES, FL 34104 US

New Mailing Address:

27299 RIVERVIEW CENTER BLVD
102
BONITA SPRINGS, FL 34134 US

FEI Number: 65-0820746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAD, KRAMER
3050 HORSESHOE DR N
275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

CARLIN, SARA CAM
27299 RIVERVIEW CENTER BLVD
102
BONITA SPRINGS, FL 34134 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: SARA CARLIN

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WAHNER, ROBERT
Address: 9110 LOS LAGOS CT #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST () Delete
Name: MCHENRY, CYNTHIA
Address: 9131 LOS LAGOS CT #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: DALTON, KENNETH
Address: 9141-101 LOS LOGAS CT
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DALTON, KENNETH
Address: 27299 RIVERVIEW CENTER BLVD #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP (X) Change () Addition
Name: DISHAW, MARY ANN
Address: 27299 RIVERVIEW CENTER BLVD #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST (X) Change () Addition
Name: MCHENRY, CYNTHIA
Address: 27299 RIVERVIEW CENTER BLVD #102
City-St-Zip: BONITA SPRINGS, FL 34134

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: SARA CARLIN

CAM

04/17/2009

Electronic Signature of Signing Officer or Director

Date