

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006510

FILED
Mar 10, 2009
Secretary of State

Entity Name: SPORTSMANS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

170 DANIELS RD SE
MOORE HAVEN, FL 33471

New Principal Place of Business:

1159 DANIELS RD SE
MOORE HAVEN, FL 33471

Current Mailing Address:

14241 METROPOLIS AVE.
STE. 100
FORT MYERS, FL 339120000

New Mailing Address:

FEI Number: 91-1882573 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E ESQ
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 339120000 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: VP () Delete
Name: ANTHONY, STANLEY
Address: 170 DANIELS RD, # 11
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: SHEPARD, NATHANIEL
Address: 1433 PARK VIEW CIR
City-St-Zip: SALISBURY, NC 28144

Title: P () Delete
Name: MILLER, PHYLLIS
Address: P.O. BOX 1182
City-St-Zip: MOORE HAVEN, FL 33471

Title: S () Delete
Name: ASBURY, JENNIFER
Address: 170 DANIELS RD, # 102
City-St-Zip: MOORE HAVEN, FL 33471

Title: T () Delete
Name: PETERSON, CAROL
Address: PO BOX 50436
City-St-Zip: FORT MYERS, FL 33994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUE, LOWERY
Address: P.O. BOX 488
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP (X) Change () Addition
Name: SHEPARD, NATHANIEL
Address: 1433 PARK VIEW CIR
City-St-Zip: SALISBURY, NC 28144

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

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

Title: T (X) Change () Addition
Name: PETERSON, CAROL
Address: PO BOX 216
City-St-Zip: MOORE HAVEN, FL 33471

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: CAROL A PETERSON

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date