

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000793

FILED
Jan 15, 2009
Secretary of State

Entity Name: FMB CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 LOVERS LANE
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

PO BOX 2403
FT. MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: 65-1076037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASTAN, CHRIS
100 LOVERS LANE
FT. MYERS BEACH, FL 33931 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: D () Delete
Name: KASTAN, CHRIS
Address: 100 LOVERS LANE
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: D () Delete
Name: KASTAN, DOLORES
Address: 100 LOVERS LANE
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: D () Delete
Name: KASTAN, NICK
Address: 100 LOVERS LANE
City-St-Zip: FT. MYERS BEACH, FL 33931

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:

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: CHRIS KASTAN

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date