

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002506

FILED
Apr 30, 2009
Secretary of State

Entity Name: VIVA VARELA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NICOLA KINLOCH
1014-1 VARELA ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O NICOLA KINLOCH
1014-1 VARELA ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0881280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINLOCH, NICOLA
1014-1 VARELA ST.
KEY WEST, FL 33040 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: P () Delete
Name: ALFONSO, RAYMOND
Address: 1014-1 VARELA ST.
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: RAMSAY, DOUG
Address: 1012-1 VARELA ST.
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: KINLOCH, NICOLA
Address: 1014-1 VARELA ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Delete
Name: TERRY, RAMSAY
Address: 1012-3 VARELA ST.
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: KINLOCH, NICOLA
Address: 1014 VARELA STREET, SUITE #1
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: SELANDER, JEANNE
Address: 1012 VARELA STREET, SUITE #3
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SELANDER, JEANNE
Address: 1012-3 VARELA STREET
City-St-Zip: KEY WEST, FL 33040

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

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: NICOLA KINLOCH

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date