

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006570

FILED
Mar 03, 2009
Secretary of State

Entity Name: CHIQUITA GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-0886009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: WILCOX, WOODY
Address: 5406 CHIQUITA BLVD #102
City-St-Zip: CAPE CORAL, FL 33910 OC

Title: VPD () Delete
Name: PARKER, TIMOTHY
Address: 5406 CHIQUITA BLVD S #201
City-St-Zip: CAPE CORAL, FL 33910

Title: STD () Delete
Name: PETRIZZO, ROSE M
Address: 5410 CHIQUITA BLVD S #201
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change () Addition
Name: PARKER, TIMOTHY
Address: 5406 CHIQUITA BLVD S #201
City-St-Zip: CAPE CORAL, FL 33910

Title: TD (X) Change () Addition
Name: ORLOWSKI, EILEEN
Address: 159 SCENIC LAKE DR
City-St-Zip: RIVERHEAD, NY 11901

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: WOODY WILCOX

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date