

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007188

FILED
Feb 17, 2009
Secretary of State

Entity Name: SCIBC NORTH LAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2055 WOOD ST
SUITE 202
SARASOTA, FL 34237

New Principal Place of Business:

1530 DOLPHIN STREET
SUITE 4
SARASOTA, FL 34236

Current Mailing Address:

2055 WOOD ST
SUITE 202
SARASOTA, FL 34237

New Mailing Address:

PO BOX 2879
SARASOTA, FL 34230

FEI Number: 65-0888856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLING, RENEE R
2055 WOOD ST SUITE 202
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

KLING, RENEE R
1530 DOLPHIN STREET
SUITE 4
SARASOTA, FL 34236 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: RENEE RICHARDSON KLING

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIMONEY, JOHN JR
Address: 301 SAND PINE BLVD
City-St-Zip: VENICE, FL 34292

Title: STD () Delete
Name: SMETTS, ROBERT
Address: 101 POND CYPRESS RD
City-St-Zip: VENICE, FL 34292

Title: VPD () Delete
Name: TIMONEY, CINDY
Address: 301 SAND PINE BLVD
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: MUTERSBAUGH, STANLEY W
Address: 2575 CAPE SIDE DRIVE
City-St-Zip: OKEMOS, MI 48864

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: RENEE RICHARDSON KLING

RA

02/17/2009

Electronic Signature of Signing Officer or Director

Date