

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000722

FILED
Feb 16, 2009
Secretary of State

Entity Name: TESSERA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 S PALM AVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O BETH CALLANS MGMT.
595 BAY ISLES ROAD, STE 201
LONGBOAT KEY, FL 34228

New Mailing Address:

BETH CALLANS MANAGMENT CORPORATION
595 BAY ISLES ROAD, STE 200
LONGBOAT KEY, FL 34228

FEI Number: 65-0998196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT
595 BAY ISLES ROAD SUITE 200
595 BAY ISLES ROAD SUITE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 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: BETH CALLANS MANAGEMENT

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STP () Delete
Name: PHILLIPS, HOWARD
Address: 500 S. PALM AVE
City-St-Zip: SARASOTA, FL 34236

Title: PD () Delete
Name: BARBARA, COMPO
Address: 500 S. PALM AVE.
City-St-Zip: SARASOTA, FL 34236

Title: STP () Delete
Name: REIGHART, JAMES
Address: 500 S. PALM AVE.
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PHILLIPS, HOWARD
Address: 500 S. PALM AVE
City-St-Zip: SARASOTA, FL 34236

Title: SETR (X) Change () Addition
Name: BARBARA, CAMPO
Address: 500 S. PALM AVE.
City-St-Zip: SARASOTA, FL 34236

Title: VP (X) Change () Addition
Name: LAWSON, WILLIAMS
Address: 500 S. PALM AVE.
City-St-Zip: SARASOTA, FL 34236

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: HOWARD PHILLIPS

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date