

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005194

FILED
Apr 23, 2009
Secretary of State

Entity Name: LAS DUNAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3055 TERRAMAR DR
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

745 -12TH AVE. S
STE AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3705995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT
745 12TH AVE. S
AA
NAPLES, FL 34102 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: T () Delete
Name: SNYDER, MARY
Address: 212 FOURTH ST S
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: LENHARDT, PATRICIA
Address: 370 2ND AVE UNIT 1
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: STOUFFER, MARGARET
Address: 8835 BELMART RD
City-St-Zip: POTOMAC, MD 20854

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: PATRICIA LENHARDT

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date