2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2009
Secretary of State

DOCUMENT# 762271

Entity Name: PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PROVINCETOWN CONDO ASSO. INC
3400 NEW SO PROVINCE BLVD
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

3400 NEW SO PROVINCE BLVD
FORT MYERS, FL 33907 US

New Mailing Address:

PROVINCETOWN CONDO ASSO. INC
3400 NEW SO PROVINCE BLVD
FORT MYERS, FL 33907 US

FEI Number: 59-1507784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIPLEY, CHARLES D
3400 NEW SO PROVINCE BLVD
FORT MYERS, FL 33907 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:	SD	( ) Delete
Name:	THOMPSON, NOEL	
Address:	3352-4 ALOUETTE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	TD	( ) Delete
Name:	THOMSON, SCOTT	
Address:	3349-3 ALOUETTE CIR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	VD	( ) Delete
Name:	DICE, MARK	
Address:	6978 PICKADILLY CT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	HAYLETT, DAVID	
Address:	3354-3 YUKON CIR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	PD	( ) Delete
Name:	SCOPPETTUOLD, BOB	
Address:	3300-2 NEW SO PROVINCE BLVD	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	HELMBRECHT, MIKE	
Address:	3258-1 MAPLE LEAF CIR	
City-St-Zip:	FORT MYERS, FL 33907	

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:	
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: SCOTT THOMSON TD 07/10/2009

Electronic Signature of Signing Officer or Director — Date