2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# 709473

Entity Name: SOUTH PATRICK RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

494 SANDPIPER DR
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

POB 2357
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMUELSON, AYN M
494 SANDPIPER DR
SATELLITE BEACH, FL 32937 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: P ( ) Delete
Name: SAMUELSON, AYN M
Address: 494 SANDPIPER DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete
Name: COLEMAN, MARYLOU
Address: 417 FINCH DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: FREEMAN, JEAN
Address: 436 FINCH DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: SCHVERAK, ROBERT
Address: 406 ST LUCIA CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Delete
Name: SKINNER, A.W.,
Address: 525 4TH AVENUE
City-St-Zip: SATELLITE BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: SCHVERAK, ROBERT
Address: 406 ST LUCIA CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Change ( ) Addition
Name: SKINNER, AL
Address: 525 4TH AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

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: MARYLOU COLEMAN T 01/31/2009

Electronic Signature of Signing Officer or Director — Date