


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06236</b> 1. Entity Name WADE SURFSIDE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 18838 GULF BOULEVARD INDIAN SHORES BEACH, FL 33785	Mailing Address C/O LISSA HORNSTROM 919 S. ROME AVE., #11 TAMPA, FL 33606 US
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01132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2535600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000590953 01/19/07-80004-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEIL, ALAN 18838 GULF BLVD #202 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROGERS, PAUL 18838 GULF BLVD #201 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROGERS, RONNA 18838 GULF BLVD #201 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HORNSTROM, LISSA 919 S. ROME AVE., #11 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James B. Hines TREASURER 1/15/07 813-250-1837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #