

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 24, 2012
Secretary of State

DOCUMENT# N06236

Entity Name: WADE SURFSIDE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**18838 GULF BOULEVARD
INDIAN SHORES BEACH, FL 33785**New Principal Place of Business:****Current Mailing Address:**C/O LISSA HORNSTROM
919 S. ROME AVE., #11
TAMPA, FL 33606 US**New Mailing Address:****FEI Number:** 59-2535600**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NEIL, ALAN PD
18838 GULF BLVD.
#202
TAMPA, FL 33785 US**Name and Address of New Registered Agent:**NEIL, ALAN
18838 GULF BLVD.
#202
TAMPA, FL 33785 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: ALAN NEIL

08/24/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: ROGERS, PAUL
Address: 18838 GULF BLVD #201
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: SD
Name: ROGERS, RONNA
Address: 18838 GULF BLVD #201
City-St-Zip: INDIAN SHORES, FL

Title: TD
Name: HORNSTROM, LISSA
Address: 919 S. ROME AVE., #11
City-St-Zip: TAMPA, FL 33606

Title: D
Name: NEIL, ALAN
Address: 18838 GULF BLVD. #202
City-St-Zip: INDIAN SHORES, FL 33785

I hereby 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 all other like empowered.

SIGNATURE: PAUL ROGERS

PD

08/24/2012

Electronic Signature of Signing Officer or Director_____
Date