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.

PRESIDENT

SIGNATURE: BRIAN BEERY

Electronic Signature of Signing Officer/Director Detail

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:

Title PD Title STD BEERY, BRIAN Name GOMIEN, DAVID Name Address 8151 BLIND PASS RD. #1 Address 8151 BLIND PASS RD #5 City-State-Zip: ST. PETE BCH FL 33706 ST. PETE BCH FL 33706 City-State-Zip: Title VPD Name MILLS, ABAGAIL Address 8151 BLIND PASS ROAD #10 City-State-Zip: ST PETE BEACH FL 33706

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001507

Entity Name: ANDALUSIAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8041 BLIND PASS RD. ST. PETE BCH. FL 33706

Current Mailing Address:

8041 BLIND PASS RD. ST. PETE BCH. FL 33706

FEI Number: 59-2028076

Officer/Director Detail :

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RESOP, JUDITH A 8041 BLIND PASS RD. ST. PETE BCH, FL 33706 US Secretary of State CC1754325328

FILED Feb 08, 2013

Certificate of Status Desired: No

02/08/2013 Date

Date