

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06236

**Entity Name:** WADE SURFSIDE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**18838 GULF BOULEVARD  
INDIAN SHORES BEACH, FL 33785**Current Mailing Address:**C/O LISSA BAILEY  
919 S. ROME AVE., #11  
TAMPA, FL 33606 US**FEI Number:** 59-2535600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEIL, ALAN  
18838 GULF BLVD.  
#202  
INDIAN SHORES, 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	TAYLOR, JOSEPH
Address	7500 ULMERTON ROAD SUTIES 6-9
City-State-Zip:	LARGO FL 33771

Title	DIRECTOR
Name	HEMMINGS, CHRIS
Address	1510 S. CLARK AVE.
City-State-Zip:	TAMPA FL 33629

Title	DIRECTOR, TREASURER, SECRETARY
Name	BAILEY, LISSA
Address	919 S. ROME AVE #11
City-State-Zip:	TAMPA FL 33606

Title	DIRECTOR, PRESIDENT
Name	NEIL, ALAN
Address	18838 GULF BLVD #202
City-State-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:** LISSA BAILEY**DIRECTOR, TREASURER,    02/24/2022**  
**SECRETARY**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date