

2015 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 HORNSTROM
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
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name TAYLOR, JOSEPH
Address 18838 GULF BLVD
#201
City-State-Zip: INDIAN SHORES FL 33785

Title DIRECTOR
Name KILPATRICK-TASSO, JOSEFINA
Address 2102 ARBOR OAKS DR
City-State-Zip: VALRICO FL 33594

Title DIRECTOR, TREASURER,
SECRETARY
Name HORNSTROM, 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 HORNSTROM

**DIRECTOR, SECRETARY, 01/09/2015
TREASURER**

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date