

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718254

FILED
Mar 23, 2009
Secretary of State

Entity Name: FIRST SOUTH VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

1 TURTLE BEACH RD
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1 TURTLE BEACH RD
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 59-1503979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, PETER H
1 TURTLE BEACH RD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: YOUNG, PETER H
Address: 1 TURTLE BEACH ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: OCONNOR, DR RICHARD
Address: 433 SILVER MOSS DRIVE #232
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: STRICKLAND, MRS. KATHERINE
Address: 431 SILVER MOSS DR, #131
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: KELLET, JEREMIAH
Address: 433 SILVER MOSS #202
City-St-Zip: VERO BEACH, FL 32963

Title: VPD (X) Delete
Name: COOPER, DR. E. NEWBOLD
Address: 431 SILVER MOSS DR #103
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: GERSTNER, LARRY C
Address: 1 TURTLE BEACH ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: PD (X) Change () Addition
Name: STRICKLAND, KATHERINE
Address: 431 SILVER MOSS DR, #131
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY C. GERSTNER

OFFI

03/23/2009

Electronic Signature of Signing Officer or Director

Date