

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733216

FILED  
Jan 28, 2011  
Secretary of State

**Entity Name:** ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM,INC.

**Current Principal Place of Business:**

940 HWY 98 EAST  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 246  
DESTIN, FL 32541 US

**New Mailing Address:**

C/O SOUTHERN ASSOCIATION MANAGEMENT  
SUITE 300  
DESTIN, FL 32541 US

**FEI Number:** 59-2607446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHESSER & BARR, PA  
OLD SOUTH CENTRE, SUITE 7102  
36468 EMERALD COAST PKWY  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

SOUTHERN ASSOCIATION MANAGEMENT  
4608 OPA LOCKA LANE  
SUITE 300  
DESTIN, FL 32541 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: KATHLEEN CRESSE

01/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TALLENT, TERRY  
Address: 900 GULF SHORE DRIVE #3055  
City-St-Zip: DESTIN, FL 32541

Title: T  
Name: REYNOLDS, DEL  
Address: 236 WINNSTEAD DR  
City-St-Zip: LEESBURG, GA 31763

Title: D  
Name: DAVIS, JOE  
Address: 1240 BUTTER & EGG ROAD  
City-St-Zip: HAZEL GREEN, AL 35750

Title: D  
Name: DOUGLAS, KEN  
Address: 200 HOVIS FARM ROAD  
City-St-Zip: PARK HILLS, MO 63601

Title: D  
Name: BOND, CHERYL  
Address: 1501 OSBORN RD  
City-St-Zip: STATHAM, GA 30666

Title: VP  
Name: RITZI, GREGORY  
Address: 19906 COLLIER RIDGE  
City-St-Zip: GUILFORD, IN 47022

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: KATHLEEN CRESSE

CAM

01/28/2011

Electronic Signature of Signing Officer or Director

Date