

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751714

FILED
Apr 29, 2008
Secretary of State

Entity Name: TOPSIDER RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

75500 OVERSEAS HWY
PO DRAWER 508
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 508
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 59-2078067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, RICHARD
75500 OVERSEAS HWY
ISLAMORADA, FL 33036 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: PD () Delete
Name: MCDONALD, BRUCE
Address: 3320 MY AIRY COURT
City-St-Zip: DAVIDSONVILLE, MARYLAN,

Title: SVP () Delete
Name: BEESON, JOHN,
Address: 3223 S. ATLANTIC AVENUE #305
City-St-Zip: COCOA BEACH, FL

Title: D () Delete
Name: JEREZ, JOHN
Address: 2781 OAK PARK CIRCLE
City-St-Zip: DAVIE, FL

Title: TD () Delete
Name: MARHOLIN, GEORGE
Address: 9460 WEEKS DR.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: MCKEAN, RICHARD
Address: 760 CO RT 5
City-St-Zip: PULASKI, NY 13142

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: BRUCE MCDONALD

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date