

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752389

FILED
Apr 06, 2009
Secretary of State

Entity Name: SURFSIDE SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14900 GULF BLVD.
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

14900 GULF BLVD.
MADEIRA BEACH, FL 33708

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762

FEI Number: 59-2016511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLISS, KIRB
CMC
4175 EAST BAY DR., SUITE 205
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVE N
SUITE 1012
CLEARWATER, FL 33762 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: KIRK BLISS

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOYER, MARY
Address: 14900 GULF BLVD. #204
City-St-Zip: MADEIRA BEACH, FL 33708

Title: TD () Delete
Name: KEARSCHNER, MILDRED
Address: 14900 GULF BLVD #404
City-St-Zip: MADEIRA BEACH, FL 33708

Title: SD () Delete
Name: LENOVER, CAROLYN
Address: 14900 GULF BLVD E404
City-St-Zip: MADEIRA BEACH, FL 33708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: STALL, EVELYN
Address: 14900 GULF BLVD #301
City-St-Zip: MADEIRA BEACH, FL 33708

Title: S (X) Change () Addition
Name: KEARSCHNER, MILLIE
Address: 14900 GULF BLVD #404
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Change (X) Addition
Name: DESJARDINS, MARCEL
Address: 14900 GULF BLVD #207
City-St-Zip: MADIERA, FL 33708

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: MARY MOYER

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date