

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752389

FILED  
Mar 19, 2012  
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:**

4585 140TH AVE NORTH  
SUITE 1012  
CLEARWATER, FL 33762

**New Mailing Address:**

**FEI Number:** 59-2016511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N  
SUITE 1012  
CLEARWATER, FL 33762 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  
Name: MOYER, MARY  
Address: 14900 GULF BLVD. #204  
City-St-Zip: MADEIRA BEACH, FL 33708

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

Title: S/T  
Name: KEARSCHNER, MILLIE  
Address: 14900 GULF BLVD #404  
City-St-Zip: MADEIRA BEACH, FL 33708

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

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: MARY MOYER

PD

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date