## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766676** 

FILED Mar 06, 2009 Secretary of State

Entity Name: POINT SEASIDE RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2180 WEST SR 434, STE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044 US

SUITE 5000

LONGWOOD, FL 327795044 US

**Current Mailing Address:** New Mailing Address:

2180 WEST SR 434, STE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 US SUITE 5000

LONGWOOD, FL 327795044 US

FEI Number: 59-2381368 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GOLDSTAR MANAGEMENT CO 2435 US 19

SUITE 270 HOLIDAY, FL 34691 US HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: JAMES W HART JR 03/06/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

MUSER, ANDREW MASER, ANDREW Name: Name: 881 POINT SEASIDE DR Address: 884 POINT SEASIDE DR Address: City-St-Zip: CRYSTAL BEACH, FL 34681 City-St-Zip: CRYSTAL BEACH, FL 34681

Title: Title: (X) Change ( ) Addition () Delete

Name: FOREIT, DAN Name: FOREIT, DAN

Address: 921 POINT SEASIDE DR Address: 921 POINT SEASIDE DR City-St-Zip: CRYSTAL BEACH, FL 34681 City-St-Zip: CRYSTAL BEACH, FL 34681

Title: () Delete Title: (X) Change ( ) Addition

CLARE, RICHARD Name: CLARE, RICHARD Name: 909 POINT SEASIDE DR 909 POINT SEASIDE DR Address: Address: City-St-Zip: CRYSTAL BEACH, FL 34681 City-St-Zip: CRYSTAL BEACH, FL 34681

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: ANDREW MASER PD 03/06/2009