


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 769386 1. Entity Name SUTHERLAND CROSSING CONDOMINIUM ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 962 SEAVIEW DRIVE P.O. BOX 883 CRYSTAL BEACH, FL 34681-0883 | Mailing Address 962 SEAVIEW DRIVE P.O. BOX 883 CRYSTAL BEACH, FL 34681-0883 |
|---|---|



01062004 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2352375 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FDA MANAGEMENT
962 SEAVIEW CIRCLE
CRYSTAL BEACH, FL 34683

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANDERSON, MADELON PO BOX 883 CRYSTAL BEACH, FL 34681 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDT LOTT, WES PO BOX 883 CRYSTAL BEACH, FL 34681 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, ED PO BOX 883 CRYSTAL BEACH, FL 34681 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ADAMS, THOMAS D PO BOX 67127 N/A ST PETE BEACH, FL 33736 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000002968
01/13/04-80036-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Thomas D Adams** *Asst Sec* *1/5/04* *727-786-2287*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #