

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90041 016 ****70.00

DOCUMENT # 769386

1. Entity Name
**SUTHERLAND CROSSING CONDOMINIUM
ASSOCIATION, INC.**



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**

40002035



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2352375

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FDA MANAGEMENT
962 SEAVIEW CIRCLE
CRYSTAL BEACH, FL 34683**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ANDERSON, MADELO
STREET ADDRESS PO BOX 883
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SDT ☐ Delete
NAME LOTT, WES
STREET ADDRESS PO BOX 883
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ANDERSON, ED
STREET ADDRESS PO BOX 883
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

TITLE ☐ Change ☒ Addition
NAME **JOHN PAXLIN**
STREET ADDRESS **P.O. BOX**
CITY-ST-ZIP **CRYSTAL BEACH, FL 34681**

TITLE AS ☐ Delete
NAME ADAMS, THOMAS D
STREET ADDRESS PO BOX 67127 N/A
CITY-ST-ZIP ST PETE BEACH, FL 33736

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas D Adams

1-5-5 727-786-2287