


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

01-19-2006 90083 039 ****61.25

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PO PRESIDENT ANDERSON, MADELON PO BOX 883 CRYSTAL BEACH, FL 34681 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOT LOTT, WES PO BOX 883 CRYSTAL BEACH, FL 34681 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ASSISTANT SECRETARY ADAMS, THOMAS D PO BOX 87127 N/A ST PETE BEACH, FL 33736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SECRETARY TREASURER PARVIN, JOHN PO BOX CRYSTAL BEACH, FL 34681 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PO BOX 883 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALAN PARKER DIRECTOR PO BOX 883 Crystal Beach, FL 34681-0883 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Date: 1/11/06 721-786-2287	
Assistant Secretary			





ATTACHMENT

66006276

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

SUTHERLAND CROSSING CONDOMINIUM ASSOCIATION, INC.
962 SEAVIEW DRIVE
P.O. BOX 883
CRYSTAL BEACH, FL 34681-0883

Subject: SUTHERLAND CROSSING CONDOMINIUM ASSOCIATION, INC.

Reference Number:

769386

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION

RESUBMITTING



ATTACHMENT

66006276

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

SUTHERLAND CROSSING CONDOMINIUM ASSOCIATION, INC.
962 SEAVIEW DRIVE
P.O. BOX 883
CRYSTAL BEACH, FL 34681-0883

Subject: SUTHERLAND CROSSING CONDOMINIUM ASSOCIATION, INC.

Reference Number:

769386

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ANNUAL REPORTS SECTION

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P.O. BOX 6327 - Tallahassee, Florida 32314