

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769386

FILED  
Jan 10, 2007  
Secretary of State

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

**Current Principal Place of Business:**

962 SEAVIEW DRIVE  
P.O. BOX 883  
CRYSTAL BEACH, FL 346810883

**New Principal Place of Business:**

962 SEAVIEW DRIVE  
CRYSTAL BEACH, FL 346810883

**Current Mailing Address:**

962 SEAVIEW DRIVE  
P.O. BOX 883  
CRYSTAL BEACH, FL 346810883

**New Mailing Address:**

**FEI Number:** 59-2352375      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FDA MANAGEMENT  
962 SEAVIEW CIRCLE  
CRYSTAL BEACH, FL 34683      US

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

CHRISTIE S. JONES  
2964 KENILWICK DR S  
CLEARWATER, FL 337613316 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: CHRISTIE S. JONES

01/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ANDERSON, MADELON  
Address: PO BOX 883  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: AS      ( ) Delete  
Name: ADAMS, THOMAS D  
Address: PO BOX 67127 N/A  
City-St-Zip: ST PETE BEACH, FL 33736

Title: ST      ( ) Delete  
Name: PARVIN, JOHN  
Address: PO BOX 883  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D      ( ) Delete  
Name: PARKER, ALAN  
Address: PO BOX 883  
City-St-Zip: CRYSTAL BEACH, FL 346810383

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS D. ADAMS

AS

01/10/2007

Electronic Signature of Signing Officer or Director

Date