

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769386

FILED
Jan 15, 2009
Secretary of State

Entity Name: SUTHERLAND CROSSING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

962 SEAVIEW DRIVE
CRYSTAL BEACH, FL 346810883

New Principal Place of Business:

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: AS () Delete
Name: ADAMS, THOMAS D
Address: PO BOX 67127
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: SD () Delete
Name: LARSON, KAREN
Address: PO BOX 883
City-St-Zip: CRYSTAL BEACH, FL 346810883

Title: TD () Delete
Name: DUFF, REBECCA
Address: P.O. BOX 883
City-St-Zip: CRYSTAL BEACH, FL 34681 08

Title: D () Delete
Name: BLUSYS, MD, PAUL
Address: P.O. BOX 883
City-St-Zip: CRYSTAL BEACH, FL 346810883

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:

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 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

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date