

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769386

FILED
Jan 04, 2010
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: D
Name: HAINES, TED
Address: PO BOX 883
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: AS
Name: ADAMS, THOMAS D
Address: PO BOX 67127
City-St-Zip: ST PETE BEACH, FL 33736

Title: PD
Name: PARVIN, JOHN
Address: PO BOX 883
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: SD
Name: LARSON, KAREN
Address: PO BOX 883
City-St-Zip: CRYSTAL BEACH, FL 346810883

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS D. ADAMS

AS

01/04/2010

Electronic Signature of Signing Officer or Director

Date