

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001507

FILED  
Feb 14, 2008  
Secretary of State

Entity Name: ANDALUSIAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8041 BLIND PASS RD.  
ST. PETE BCH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

8041 BLIND PASS RD.  
ST. PETE BCH, FL 33706

**New Mailing Address:**

FEI Number: 59-2028076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RESOP, JUDITH A  
8041 BLIND PASS RD.  
ST. PETE BCH, FL 33706      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: BEERY, BRIAN  
Address: 8151 BLIND PASS RD. #1  
City-St-Zip: ST. PETE BCH, FL 33706

Title: STD      ( ) Delete  
Name: MILLS, ABIGAIL S  
Address: 8151 BLIND PASS RD #10  
City-St-Zip: ST. PETE BCH, FL 33706

Title: VPD      ( ) Delete  
Name: RANCIATO, RICHARD  
Address: B151 BLIND PASS ROAD #21  
City-St-Zip: SAINT PETERSBURG, FL 33706

**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:

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: JUDITH A RESOP

PM

02/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date