

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2009
Secretary of State**

DOCUMENT# N00000001507

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: STD (X) Change () Addition
Name: GOMIEN, DAVID
Address: 8151 BLIND PASS RD #5
City-St-Zip: ST. PETE BCH, FL 33706

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

02/05/2009

Electronic Signature of Signing Officer or Director

Date