

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 07, 2012  
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  
Name: BEERY, BRIAN  
Address: 8151 BLIND PASS RD. #1  
City-St-Zip: ST. PETE BCH, FL 33706

Title: STD  
Name: GOMIEN, DAVID  
Address: 8151 BLIND PASS RD #5  
City-St-Zip: ST. PETE BCH, FL 33706

Title: VPD  
Name: MILLS, ABAGAIL  
Address: 8151 BLIND PASS ROAD #10  
City-St-Zip: ST PETE BEACH, FL 33706

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: JUDITH A RESOP

PM

02/07/2012

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

\_\_\_\_\_ Date