## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008110

FILED Apr 07, 2009 Secretary of State

Entity Name: SEASIDE OAKS OF INDIAN ROCKS CONDOMINIUM ASSOCIATION. INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	K STREET E, FL 33777	US		
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	DURCE PROF	PERTY MGMT		
	E, FL 33777	US		
El Numbei	: 20-1718664	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
	DT, DEBBIE			
	K STREET E, FL 33777	US		
EMINOL he above	E, FL 33777		purpose of changing its registere	ed office or registered agent, or both,
EMINOL he above the Stat	E, FL 33777 e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
EMINOL he above the Stat	E, FL 33777 e named entity e of Florida. RE:			ed office or registered agent, or both,  Date
EMINOL The above In the Stat	E, FL 33777 e named entity e of Florida. RE:	submits this statement for the	gent	
EMINOL The above The State SIGNATU  PFFICER  title: ame: ddress:	e named entity e of Florida.  RE: Electro S AND DIREC	submits this statement for the nic Signature of Registered Agentors:  ) Delete A AKOTA	gent	Date
EMINOL the above the Stat	E, FL 33777 e named entity e of Florida.  RE: Electro  S AND DIRECTOR  PD ( HOPES, LIND, 851 SOUTH D. TAMPA, FL 33	submits this statement for the nic Signature of Registered Actions:  ) Delete A AKOTA 3606 US ) Delete A M DRIVE	gent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: LINDA HOPES P 04/07/2009