

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04635

FILED
Jan 15, 2009
Secretary of State

Entity Name: REDINGTON AMBASSADOR RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16900 GULF BLVD.
N. REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

16900 GULF BLVD.
N. REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 59-2970111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIE S. JONES, PA
2964 KENILWICK DRIVE SOUTH
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: PD () Delete
Name: PIKE, DUANE,
Address: 16900 GULF BLVD.
City-St-Zip: N. REDINGTON BCH, FL

Title: AS () Delete
Name: ADAMS, THOMAS D.,
Address: 16900 GULF BOULEVARD
City-St-Zip: N. REDINGTON BCH, FL

Title: D () Delete
Name: MCGEE, BERNARD
Address: 16900 GULF BLVD.
City-St-Zip: N REDINGTON BEACH, FL 33709

Title: D () Delete
Name: WILSON, LEWIS
Address: 168 GRANDVIEW DR.
City-St-Zip: COBLESKILL, NY 12043

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:

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: THOMAS D. ADAMS

AS

01/15/2009

Electronic Signature of Signing Officer or Director

Date