

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007928

FILED  
Mar 15, 2008  
Secretary of State

**Entity Name:** ANNA MARIA BEACH COTTAGES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

112C OAK AVENUE  
ANNA MARIA, FL 34206

**New Principal Place of Business:**

112 OAK AVENUE  
ANNA MARIA, FL 34206

**Current Mailing Address:**

P.O. BOX 817  
ANNA MARIA, FL 34216

**New Mailing Address:**

**FEI Number:** 20-3276877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROFESSIONAL TAX CONSULTANTS INC  
2225 E EDGE WOOD DR STE 14  
LAKELAND, FL 33803 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: P ( ) Delete  
Name: BURDA, DIANE  
Address: 2945 OXFORD AVE  
City-St-Zip: LAKELAND, FL 33803

Title: SEC ( ) Delete  
Name: HARDY, REBECCA  
Address: 328 VAIL DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete  
Name: CORBITT, JIM  
Address: 2723 MARLO WAY  
City-St-Zip: LAKESIDE PARK, KY 41017

**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: DIANE BURDA

PRES

03/15/2008

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

\_\_\_\_\_  
Date