2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010533

FILED Mar 23, 2009 Secretary of State

Entity Name: ADAMS STREET STATION CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:		New Principal Place of Business:		
	O STREET, ST E BEACH, FL			
urrent Mailing Address:		New Mailing Address:		
	STREET, ST BEACH, FL			
I Number	: 76-0813738	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
A THIDE		- D		
EPTUNE ne above		32266 US	ourpose of changing its register	red office or registered agent, or both,
EPTUNE ne above the State	E BEACH, FL : named entity of Florida.	32266 US	urpose of changing its register	red office or registered agent, or both,
EPTUNE ne above the State	e named entity e of Florida.	32266 US		red office or registered agent, or both, Date
EPTUNE ne above the State GNATUI	e named entity e of Florida.	32266 US submits this statement for the p nic Signature of Registered Age	ent	
EPTUNE ne above the State GNATUI	e named entity e of Florida. RE: Electron S AND DIREC	32266 US submits this statement for the p nic Signature of Registered Age ETORS:) Delete NNETH L.	ent	Date
EPTUNE ne above the State GNATUI FFICER: le: me: dress:	e named entity e of Florida. RE: Electroi S AND DIRECT DP (KUESTER, KE P.O. BOX 1226 JACKSONVILL DST (WEIGHT, ANTH	submits this statement for the price Signature of Registered Age TORS: Delete NNETH L. F, FL 32209 Delete HONY RIN OAKS LANE	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS

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: L. DENISE WALACE RA 03/23/2009