

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011461

FILED
May 01, 2009
Secretary of State

Entity Name: REDINGTON SHORES YACHT & TENNIS ESTATES H.O.A., INC.

Current Principal Place of Business:

2840 W BAY DRIVE
#135
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785

Current Mailing Address:

2840 W BAY DRIVE
#135
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

PO BOX 86507
MADEIRA BEACH, FL 33738

FEI Number: 20-4256979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONDO MGT PLUS
352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

CONDO MGT PLUS
19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33738 US

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: PHILLIP DVORAK

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAGOSTINO, FRANK
Address: 2840 W BAY DRIVE #135
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VD () Delete
Name: LYONS, ROBERT E
Address: 2840 W BAY DRIVE #135
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: STD () Delete
Name: GIGLIO, RON
Address: 2840 W BAY DRIVE #135
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEITZ, ROBERT
Address: 19535 GULF BLVD SUITE E
City-St-Zip: INDIAN SHORES, FL 33785

Title: VD (X) Change () Addition
Name: PAGE, EVELYN
Address: 19535 GULF BLVD SUITE E
City-St-Zip: INDIAN SHORES, FL 33785

Title: STD (X) Change () Addition
Name: CHARLES, DAYE
Address: 19535 GULF BLVD SUITE E
City-St-Zip: INDIAN SHORES, FL 33785

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: PHILLIP DVORAK

CAM

05/01/2009

Electronic Signature of Signing Officer or Director

Date