

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13736

FILED
Apr 20, 2005
Secretary of State

Entity Name: SOUTHARD SQUARE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

912 SOUTHARD ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O OLD ISLAND REALTY
1511 TRUMAN AVE
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-2667534 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OROPEZA, SCOTT G
OROPEZA & PARKS CPAS
815 PEACOCK PLAZA
KEY WEST, FL 33040 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: PTD () Delete
Name: BAUER, HELLMUT
Address: 908-B SOUTHARD ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCKINLEY, WILLIAM
Address: PO BOX 5928
City-St-Zip: KEY WEST, FL 33041

Title: SD () Delete
Name: APPELBAUM, JONATHAN
Address: 912 SOUTHARD ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WINSTON, JONES H
Address: PO BOX 797
City-St-Zip: ORIENTAL, NC 28571

Title: VD () Delete
Name: BARNETT, MARILYN
Address: 918 SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAUER, HELLMUT
Address: 908-B SOUTHARD ST.
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WINSTON, JONES H
Address: PO BOX 797
City-St-Zip: ORIENTAL, NC 28571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HELLMUT BAUER

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date