2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N13736

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:

VACATION HOME CARE, INC
1609 SEMINARY
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: PD ( ) Delete
Name: BAUER, HELLMUT
Address: 980B SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: CURRY, PATRICK
Address: 918 SOUTHARS STREET #202
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: WINDER, DAVID
Address: 918 SOUTHARD STR. #201
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: WINTER, GLENN
Address: 918 SOUTHARD ST. #109
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: WRIGHT, CRAIG
Address: 918 SOUTHARD STR. # 101
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: WINSTON, JAY
Address: 918 SOUTHARD STR. #201
City-St-Zip: KEY WEST, FL 33040

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

Title: VP (X) Change ( ) Addition
Name: WRIGHT, CRAIG
Address: 918 SOUTHARD STR. # 101
City-St-Zip: KEY WEST, FL 33040

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: HANK BAUER PRES 04/01/2009

Electronic Signature of Signing Officer or Director — Date