

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13736

FILED
Feb 02, 2010
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:

918 SOUTHARD ST.
KEY WEST, FL 33040

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
Name: BAUER, HELLMUT
Address: 908B SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HELLMUT BAUER

PRES

02/02/2010

Electronic Signature of Signing Officer or Director

Date