

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13736

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SOUTHARD SQUARE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

918 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: 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: DIR.  
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: PATRICK CURRY

VP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date