

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004780**

**1. Entity Name**  
REDINGTON AMBASSADOR SOUTH ASSOCIATION, INC.



**Principal Place of Business**

16900 GULF BLVD.  
NORTH REDINGTON BEACH, FL 33708

**Mailing Address**

16900 GULF BLVD.  
NORTH REDINGTON BEACH, FL 33708

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP

CR2E037 (10/03)

**4. FEI Number**  
NOT APPLICABLE

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ADAMS, THOMAS D.  
16900 GULF BLVD  
N. REDINGTON BEACH, FL 33708

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	BRAWNER, JOANN
<b>STREET ADDRESS</b>	16900 GULF BLVD.
<b>CITY-ST-ZIP</b>	N. REDINGTON BEACH, FL
<b>TITLE</b>	PD
<b>NAME</b>	BRAWNER, KURT
<b>STREET ADDRESS</b>	16900 GULF BLVD.
<b>CITY-ST-ZIP</b>	NORTH REDINGTON BEACH, FL 33708
<b>TITLE</b>	STD
<b>NAME</b>	MCGEE, BERNARD
<b>STREET ADDRESS</b>	16900 GULF BLVD
<b>CITY-ST-ZIP</b>	N. REDINGTON BCH, FL 33708
<b>TITLE</b>	AS
<b>NAME</b>	ADAMS, THOMAS D.
<b>STREET ADDRESS</b>	16900 GULF BLVD
<b>CITY-ST-ZIP</b>	N. REDINGTON BEACH, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000000002895  
01/13/04-80033-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Thomas D Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-04

Date

727-391-9646

Daytime Phone #