

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004780

FILED
Jan 08, 2007
Secretary of State

Entity Name: REDINGTON AMBASSADOR SOUTH ASSOCIATION, INC.

Current Principal Place of Business:

16900 GULF BLVD.
NORTH REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

16900 GULF BLVD.
NORTH REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 59-3270274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHRISTIE S. JONES, PA
2964 KENILWICK DRIVE SOUTH
CLEARWATER, FL 337613316 US

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: CHRISTIE S. JONES

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAUNER, JOANN
Address: 16900 GULF BLVD.
City-St-Zip: N. REDINGTON BEACH, FL

Title: STD () Delete
Name: MCGEE, BERNARD
Address: 16900 GULF BLVD
City-St-Zip: N. REDINGTON BCH, FL 33708

Title: AS () Delete
Name: ADAMS, THOMAS D.
Address: 16900 GULF BLVD
City-St-Zip: N. REDINGTON BEACH, FL

Title: PD () Delete
Name: WILSON, LEWIS
Address: 168 GRANAVIEW DR
City-St-Zip: COBLESKILL, NY 12043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRAUNER, JOANN
Address: 8430 27TH AVE
City-St-Zip: TAMPA, FL 33619

Title: STD (X) Change () Addition
Name: MCGEE, BERNARD
Address: 722 CEDAR POINT BLVD # 103
City-St-Zip: CEDAR POINT, NC 285848012

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

Title: PD (X) Change () Addition
Name: WILSON, LEWIS
Address: 168 GRANDVIEW DR
City-St-Zip: COBLESKILL, NY 12043

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS D. ADAMS

AS

01/08/2007

Electronic Signature of Signing Officer or Director

Date