2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000004780

1. Entity Name
REDINGTON AMBASSADOR SOUTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16900 GULF BLVD. NORTH REDINGTON BEACH, FL 33708	16900 GULF BLVD. NORTH REDINGTON BEACH, FL 33708

01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3270274
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIE S. JONES, PA
2964 KENILWICK DRIVE SOUTH
CLEARWATER, FL 33761-3316

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000775349
01/08/08-80026-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAWNER, JOANN
STREET ADDRESS	8430 27TH AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	STD
NAME	MCGEE, BERNARD
STREET ADDRESS	722 CEDAR POINT BLVD # 103
CITY-ST-ZIP	CEDAR POINT, NC 285848012
TITLE	AS
NAME	ADAMS, THOMAS D.
STREET ADDRESS	16900 GULF BLVD
CITY-ST-ZIP	N. REDINGTON BEACH, FL
TITLE	PD
NAME	WILSON, LEWIS
STREET ADDRESS	168 GRANDVIEW DR
CITY-ST-ZIP	COBLESKILL, NY 12043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Asst Secretary 1/4/08 7273919644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #