

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004780

FILED  
Jan 15, 2009  
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:**

CHRISTIE S. JONES, PA  
2964 KENILWICK DRIVE SOUTH  
CLEARWATER, FL 337613316 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: D ( ) Delete  
Name: BRAUNER, JOANN  
Address: 8430 27TH AVE  
City-St-Zip: TAMPA, FL 33619

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

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 GRANDVIEW DR  
City-St-Zip: COBLESKILL, NY 12043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/15/2009

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

\_\_\_\_\_  
Date