

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000995

FILED  
Jan 02, 2007  
Secretary of State

**Entity Name:** THE FLORIDA SURETY ASSOCIATION, INC.

**Current Principal Place of Business:**

1051 WINDERLEY PLACE SYE105  
MAITLAND, FL 32751

**New Principal Place of Business:**

1051 WINDERLEY PLACE  
SUITE 105  
MAITLAND, FL 32751

**Current Mailing Address:**

1051 WINDERLEY PLACE STE:105  
MAITLAND, FL 32751

**New Mailing Address:**

1051 WINDERLEY PLACE  
SUITE 105  
MAITLAND, FL 32751

**FEI Number:** 05-1584784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEARS, JAMES W  
511 N FERNCREEK AVE  
ORLANDO, FL 32803 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: CURRAN, MATTHEW E  
Address: 2405 LUCIEN WAY  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: LINDQUIST, SARA K  
Address: 3445 PEACHTREE RD. N.E. STE:900  
City-St-Zip: ATLANTA, GA 30326

Title: D ( ) Delete  
Name: DENNIS, MICHAEL P  
Address: 1051 WINDERLEY PL. STE: 105  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: DAVIS, PAUL  
Address: 2405 LUCIEN WAY  
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Delete  
Name: BATTENFIELD, MIKE  
Address: 200 COLONIAL CTR. PKWY. STE:500  
City-St-Zip: LAKE MARY, FL 32746

**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: D (X) Change ( ) Addition  
Name: BATTENFIELD, MICHAEL  
Address: 200 COLONIAL CTR. PKWY. STE:500  
City-St-Zip: LAKE MARY, FL 32746

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

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: MICHAEL P. DENNIS

D

01/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date