2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N99000002086

Entity Name: SOUTH COUNTY RESOURCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

KEYS CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1162 INDIAN HILLS BLVD
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0932911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEYS - CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293 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: PD ( ) Delete
Name: HAMM, RICK
Address: 400 S TAMIAMI TRAIL, SUITE 230
City-St-Zip: VENICE, FL 34285

Title: VD ( ) Delete
Name: MORRIS, VALERIE
Address: 7810 S. TAMIAMI TR. #A-3
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: BRETT, STEVE
Address: SRC INC. 7810 S TAMIAMI TRAIL # A4
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: ROGERS, MARY CATHERINE
Address: 4865 TAMARACK TRAIL
City-St-Zip: VENICE, FL 34293

Title: D (X) Delete
Name: JOHNSON-WEDLER, DARLENE
Address: 5840 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: STD ( ) Delete
Name: ELLIOTT, ELIZABETH
Address: 632 ALHAMBRA RD
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: KAPLUN, YURI
Address: 7810 S. TAMIAMI TRAIL #A2
City-St-Zip: VENICE, FL 34293

Title: PD (X) Change ( ) Addition
Name: MORRIS, VALERIE
Address: 7810 S. TAMIAMI TR. #A-3
City-St-Zip: VENICE, FL 34293

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: VALERIE MORRIS PRES 04/27/2008

Electronic Signature of Signing Officer or Director — Date