## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002086

FILED Apr 20, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:
162 INDI <i>l</i>	.DWELL, INC AN HILLS BLVD FL 34293	
urrent Mailing Address:		New Mailing Address:
	AN HILLS BLVD FL 34293 US	
il Number:	: 65-0932911 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
62 INDIA	ALDWELL, INC AN HILLS BLVD EL 34293 US	
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both,
GNATU		A
	Electronic Signature of Registered /	
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
e: me: dress: y-St-Zip:	VD () Delete KAPLUN, YURI 7810 S. TAMIAMI TRAIL #A2 VENICE, FL 34293	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
e: me: dress: y-St-Zip:	PD ( ) Delete MORRIS, VALERIE 7810 S. TAMIAMI TR. #A-3 VENICE, FL 34293	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
	D () Delete	Title: ( ) Change ( ) Addition
me: dress:	BRETT, STEVE SRC INC. 7810 S TAMIAMI TRAIL # A4 VENICE, FL 34293	Name: Address: City-St-Zip:
e: me: dress: y-St-Zip: e: me: dress: y-St-Zip:	SRC INC. 7810 S TAMIAMI TRAIL # A4	Address:
me: dress: y-St-Zip: e: me: dress:	SRC INC. 7810 S TAMIAMI TRAIL # A4 VENICE, FL 34293  D () Delete ROGERS, MARY CATHERINE 4865 TAMARACK TRAIL	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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 PD 04/20/2009