

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09992

**FILED**  
**May 14, 2014**  
**Secretary of State**  
**CC8070624809**

**Entity Name:** THE A1A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2780 S. HWY A1A  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

2780 S. HWY A1A  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 59-2543105

**Certificate of Status Desired:** No

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

SEGURA, VIVIAN  
2780 S. HWY A1A  
MELBOURNE BEACH, FL 32951 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROSE, PATRICIA  
Address        114 VICTORY WAY  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            TREASURER  
Name            LUSSIER, FRED  
Address        270 LIBERTY LANE  
City-State-Zip: MELBOURNE FL 32951

Title            VP  
Name            BOYD, RANDY  
Address        244 LIBERTY LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            SECRETARY  
Name            DULANSEY, MARYANNE  
Address        288 LIBERTY LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            DIRECTOR  
Name            CURRIE, JOHN  
Address        265 LIBERTY LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            DIRECTOR  
Name            PEARSON, LYNN  
Address        203 LIBERTY LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            DIRECTOR  
Name            BARTLEY, JON  
Address        442 PEACE LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA ROSE

**PRESIDENT**

**05/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date