


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 752166

1. Entity Name
SURF RIDER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1441 SOUTH OCEAN BLVD.
 POMPANO BEACH, FL 33062**

Mailing Address
**1441 SOUTH OCEAN BLVD.
 POMPANO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2263830 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LATTIMER, CLYDE N
 1441 SOUTH OCEAN BLVD.
 POMPANO BEACH, FL 33062**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Clyde N. Lattimer* DATE: 2/17/06

Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HARVEY, KEVIN
STREET ADDRESS	1441 S OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	DV
NAME	ARCHAMBAULT, ROBERT
STREET ADDRESS	1441 S. OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	DPT
NAME	LATTIMER, CLYDE N
STREET ADDRESS	1441 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UNNUMBERED
 03-02-06-80027-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clyde N. Lattimer* DATE: 2/17/06 DAYTIME PHONE: 954-785-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR