2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # 752166 Jan 24, 2007 08:00 AM 1. Entity Name **Secretary of State** SURF RIDER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1441 SOUTH OCEAN BLVD. 1441 SOUTH OCEAN BLVD. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 59-2263830 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LATTIMER, CLYDE N Street Address (P.O. Box Number is Not Acceptable) 1441 SOUTH OCEAN BLVD. POMPANO BEACH FL 33062 City Zip Code 8. The above named ontity 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 DATE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. IIIII, Delete TITLE Change Addition U000000601787 NAM HARVEY, KEVIN NAME 01/26/07-80064-005 61.25 STREET ADDRESS STREET ADDRESS 1441 S OCEAN BLVD. CITY-ST-7IP CHY-ST-ZIP POMPANO BEACH FL 33062 Addition THE ☐ Delete THE Change DV NAMI: NAME ARCHAMBAULT, ROBERT STREET ADDRESS STREET LADDRESS 1441 S. OCEAN BLVD. CHY-SI-ZIP POMPANO BEACH FL 33062 CHY-SI-7IP ☐ Delete Change Addition DPT NAM NAME LATTIMER, CLYDE N Shart Address SHITT LADDITION 1441 S OCEAN BLVD C/IY-S1-7/P CHY-ST-20 POMPANO BEACH FL 33062 ☐ Change DHI ☐ Delete Addition TODA NAME. NAMI STREET ADDRESS STRELT ADDRESS COY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TIFLE ☐ Delete шп NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZP Delete HILL Change Addition | NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

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18/07 954-785-899