

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 037 ****61.25



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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/07)



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

7. Name and Address of New Registered Agent

Name **HARVEY Kevin**
 Street Address (P.O. Box Number is Not Acceptable) **1441 S. Ocean Blvd.**
 City **Pompano Beach,** State **FL** Zip Code **33062**

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

KEVIN HARVEY

1/25/2008

Signature, printed or typed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature must be read when recording)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	HARVEY, KEVIN	1441 S OCEAN BLVD.	POMPANO BEACH FL 33062	<input type="checkbox"/>
DV	ARCHAMBAULT, ROBERT	1441 S. OCEAN BLVD.	POMPANO BEACH FL 33062	<input type="checkbox"/>
DPT	LATTIMER, CLYDE N	1441 S OCEAN BLVD	POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>
	LATTIMER, SCOTT	1441 S. Ocean Blvd	Pompano Beach, FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:

Kevin Harvey

1-26-08 (954) 785-8991