

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762718 (5)
1. Corporation Name
SURF N SUN CONDOMINIUM ASSOCIATION, INC.

APPROVED
5/11/95
SECRETARY OF STATE



Principal Place of Business Mailing Address
490 SOUTH ORLANDO AVENUE P.O. BOX 329321501
P O BOX 32932-1501 COCOA BCH FL 32932
COCOA BEACH FL 32931

3. Date Incorporated or Qualified 04/05/1982 3a. Date of Last Report 05/01/1995
4. FEI Number 59-2343044 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
MARILYN RIGERMAN
200 N. FIRST ST
COCOA BCH FL 32931

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, WILLIE	1.2 NAME	
STREET ADDRESS	P.O. BOX 580209 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32956	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATHLEY, DORIS	2.2 NAME	
STREET ADDRESS	P.O. BOX 463	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESENT CITY FL 32112	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RODNEY A	3.2 NAME	Hall, Rodney
STREET ADDRESS	5415 LOVETT DRIVE	3.3 STREET ADDRESS	8785 Live Oak Ct
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VFP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Walter Cheatham
STREET ADDRESS		4.3 STREET ADDRESS	3190 N. Atlantic Avenue #120
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cocoa Beach, Florida 32914 59
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

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May 11, 1995

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (12/95)