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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762718** (5)

1. Corporation Name

SURF N SUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**490 SOUTH ORLANDO AVENUE
P O BOX 32932-1501
COCOA BEACH FL 32931**

Mailing Address

**P.O. BOX 329321501
COCOA BCH FL 32932**



3. Date Incorporated or Qualified **04/05/1982** 3a. Date of Last Report **05/01/1996**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARILYN RIGERMAN
200 N. FIRST ST
COCOA BCH FL 32931**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D/P
BELL, WILLIE**
STREET ADDRESS **P.O. BOX 580209 N/A**
CITY-ST-ZIP **ROCKLEDGE FL 32958**

TITLE ☒ DELETE

NAME **STD
KEATHLEY, DORIS**
STREET ADDRESS **P.O. BOX 463**
CITY-ST-ZIP **CRESENT CITY FL 32112**

TITLE ☐ DELETE

NAME **STD
HALL, RODNEY A**
STREET ADDRESS **8785 LIVE OAK COURT**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☒ DELETE

NAME **VPD
CHEATHUM, WALTER**
STREET ADDRESS **3190 N. ATLANTIC AVENUE #120**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D
CHERRY, RICHARD**

2.3 STREET ADDRESS **30 YAWL DR**

2.4 CITY-ST-ZIP **COCOA BEACH FL 32931**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Willie Bell

CR2E037 (9/96)