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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

DOCUMENT # 762718 (5)

1. Corporation Name

SURF N SUN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

P.O. BOX 329321501
COCOA BCH FL 32932

3. Date Incorporated or Qualified
04/05/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD DELETE
NAME KEATHLEY, DORIS
STREET ADDRESS P.O. BOX 483
CITY-ST-ZIP CRESENT CITY FL 32112

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

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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)