

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90097 025 \*\*\*\*70.00

**DOCUMENT # 762718**

1. Entity 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

2. Principal Place of Business

490 South Orlando Ave

3. Mailing Address

490 South Orlando Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

4. FEI Number

59-2343044

Applied For

Not Applicable

Zip

32931

Country

Zip

32931

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARILYN RIGERMAN  
 200 N. FIRST ST  
 COCOA BCH FL 32931

7. Name and Address of New Registered Agent

Name: **DESIREE A BOSS**  
 Street Address (P.O. Box Number is Not Acceptable):  
**490 South Orlando Ave**  
 City: **Cocoa Beach** FL Zip Code: **32931**

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.

SIGNATURE: **Desiree A. Boss** **Desiree A Boss**

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

(NOTE: Registered Agent signature required when reinstating)

**8-30-2000**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> Delete
NAME	BELL, WILLIE	
STREET ADDRESS	P.O. BOX 560209 N/A	
CITY-ST-ZIP	ROCKLEDGE FL 32956	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHERRY, RICHARD	
STREET ADDRESS	30 YAWL DR	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HALL, RODNEY A	
STREET ADDRESS	8785 LIVE OAK COURT	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES D. FREDRIKSEN	
STREET ADDRESS	490 SOUTH ORLANDO AVE #17	
CITY-ST-ZIP	COCOA BEACH, FLORIDA 32931	
TITLE	D/BS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY GORMAN	
STREET ADDRESS	7515 RIDGEWOOD AVE #15	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D/U	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIE BELL	
STREET ADDRESS	900 BLUEGRASS LANE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)