
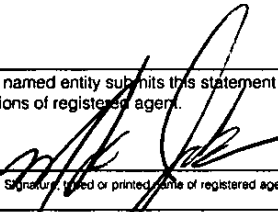


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90226 024 ****61.25

DOCUMENT #762718 1. Entity Name SURF N SUN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O SPACE COAST PROP MGMT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940			Mailing Address C/O SPACE COAST PROP MGMT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2343044				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  MARK JAKOB 3/10/2007 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fees \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EILER, SUZIE 490 S ORLAND AVE., #20 COCOA BEACH, FL 32932 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hardman, Chris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15818 Willowdale Rd. Tampa, FL 33625	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRIS, DEBORAH <input checked="" type="checkbox"/> Delete 312 PALM AVE COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harris, Deborah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 312 Palm Ave Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRISAFULLI, ANNETTE <input type="checkbox"/> Delete 490 S ORLAND AVE #6 MERRITT ISLAND, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Deborah Harris Pres. 3-23-07 321-302-1390 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					