SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90012 031 ****61.25

DOCUMENT # 767078

1. Corporation Name
SURREY WOODS TOWNHOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% NANCY GRIECO 2830 B STONEWAY FT. PIERCE FL 34982 US	% NANCY GRIECO 2834 B STONEWAY FT. PIERCE FL 34982 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/18/1983
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2476982 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIECO, NANCY 2830 B STONEWAY LANE FT. PIERCE FL 34982	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	GRIECO, NANCY		1.2 NAME	Kathy Grossman	
STREET ADDRESS	2830-B STONEWAY LN		1.3 STREET ADDRESS	2826-B Stoneway Lane	
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP	Fort Pierce, FL 34982	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	HARK, KENNETH		2.2 NAME	Frank Loit,	
STREET ADDRESS	2830 B STONEWAY LANE		2.3 STREET ADDRESS	2811-D Stoneway Lane	
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	Fort Pierce FL 34982	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STAGI, JANET		3.2 NAME		
STREET ADDRESS	2816-A STONEAWAY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34982		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEPTULA, MARY ALICE		4.2 NAME		
STREET ADDRESS	2833-A STONEWAY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34982		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: Nancy Grieco **REQUIRED** 7-27-99 561 465 6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NANCY GRIECO