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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770549** **(4)**

1. Corporation Name
SURF WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3110 SURFWAY APT 2 SINGER ISLAND FL 22404 US	% SURFWAY CONDOMINIUM ASSOCIATES. INC. 3110 SURFWAY . APT. 2 SINGER ISLAND FL 33404 US

2. Principal Place of Business
21 SURFWAY CONDO ASSOC INC.
Suite, Apt. #, etc.
22 #2
City & State
23 SINGER ISLAND FL
Zip 24 33404 Country 25 PALM Beach

2a. Mailing Address
26 3110 SURFWAY #2
Suite, Apt. #, etc.
27 apt 2
City & State
28 SINGER ISLAND FL.
Zip 29 33404 Country 30 PALM Beach

3. Date Incorporated or Qualified
10/04/1983

4. FEI Number
59-2528927
☐ 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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PORTO, MARYROSE
3110 SURF WAY, #2
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

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 MARYROSE PORTO SEC TREASURER 3-12-98
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	PD	☒ DELETE	1.1 TITLE	P.D	☐ Change ☐ Addition
NAME	ROSKO, MARY		1.2 NAME	DENNIS PORTO	
STREET ADDRESS	330 OLDFIELD LANE		1.3 STREET ADDRESS	3110 SURFWAY #2	
CITY-ST-ZIP	SOUTHAM NY		1.4 CITY-ST-ZIP	SINGER ISLAND FL. 33404	
TITLE	VDST	☐ DELETE	2.1 TITLE	V.D	☒ Change ☐ Addition
NAME	PORTO, MARYROSE		2.2 NAME	MYSZKA PAWLIKOWSKI	
STREET ADDRESS	2077 RIDGE RD. EXT.		2.3 STREET ADDRESS	3110 SURFWAY #3	
CITY-ST-ZIP	AMBRIDGE PA 15003		2.4 CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	VD	☒ DELETE	3.1 TITLE	ST-MD	☐ Change ☐ Addition
NAME	PORTO, FRED		3.2 NAME	MARYROSE PORTO	
STREET ADDRESS	3110 SURFWAY #2		3.3 STREET ADDRESS	3110 SURFWAY #2	
CITY-ST-ZIP	SINGER ISLAND FL		3.4 CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	4/3	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	2	
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	Dep 61.25	

CR2E037 (10/97)

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.

SIGNATURE: MaryRose Porto 3-12-98 561-863-6369