3/1

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 28, 2001 8:00 am**
**Secretary of State**
03-12-2001 90419 006 ****61.25

DOCUMENT # 770549

1. Entity Name

SURF WAY CONDOMINIUM ASSOCIATION, INC.

32377

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 3110 SURFWAY<br>APT 2<br>SINGER ISLAND FL 33404<br>US | 3110 SURFWAY<br>APT 2<br>SINGER ISLAND FL 33404<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3110 SURF WAY | 3110 SURFWAY |
| Suite, Apt. #, etc.: #2 | Suite, Apt. #, etc.: #2 |
| City & State: SINGER ISLAND, FL. | City & State: SINGER ISLAND FL. |
| Zip: 33404 Country: PALM Beach Co. | Zip: 33404 Country: PALM Beach Co. |

4. FEI Number 59-2528927 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PORTO, MARYROSE<br>3110 SURF WAY, #2<br>SINGER ISLAND FL 33404 | Name: PORTO-MARYROSE<br>Street Address (P.O. Box Number is Not Acceptable): 3110 SURF WAY #2<br>City: SINGER ISLAND FL. Zip Code: 33404 |

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: MaryRose Porto — MaryRose Porto — 3-8-2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| FILE NOW: FEE IS $61.25 | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PORTO, DENNIS<br>3110 SURFWAY<br>SINGER ISLAND FL 33404 D | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DENNIS PORTO D<br>BOX 715<br>EDINBORO PA 16412 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MYSZKA, PAWLIKOWSKI<br>3110 SURFWAY<br>SINGER ISLAND FL 33404 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>VD D<br>TED VIDAS<br>3110 SURFWAY #5<br>SINGER ISLAND FL 33404 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STMD<br>PORTO, MARY-ROSE<br>3110 SURFWAY<br>SINGER ISLAND FL 33404 D | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: MARYROSE PORTO REQUIRED — MaryRose Porto — 3-8-2001 Date — 561-865-6369 Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR