2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2002 8:00 am Escretary of State DOCUMENT # **770549** 1. Entity Name 04-16-2002 90114 023 ****61.25 SURF WAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address SUOSURE WAY # 5 3110 SURF WAY SINGER ISLAND FL 33404 3. Mailing Address 3110 SURFWAY DO NOT WRITE IN THIS SPACE Applied For SINGERISLAND FL. Not Applicable PALM Beach \$8.75 Additional Fee Required - Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PORTO, MARYROSE 3110 SURF WAY, #2 3110 Surt Way SINGER ISLAND FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE PD Delete TITLE ☐ Addition 6 NAME PORTO, DENNIS NAME TEd T Vudas STREET ADDRESS PO BOX 715 STREET ADDRESS 3110 Surfwa CITY-ST-ZIP CITY-ST-ZIP **EDINBORO PA 16412** Singer Islan TITLE **Z** Delete TITLE Change ☐ Addition NAME VIDAS, TED NAME STREET ADDRESS 3110 SURF WAY, #5 STREET ADDRESS CITY-ST-ZIP 33404 SINGER ISLAND FL 33404 CITY-ST-7IP Singer TITLE 💢 Delete TITLE ☐ Addition 5Tm0VIDAS PORTO, MARY ROSE ZoE NAME NAME STREET ADDRESS 3110 S STREET ADDRESS 3110 SURFWAY CITY_ST-7IP CITY-ST-ZIE SINGER ISLAND FL 33404 33404 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: