2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90074 018 ****61.25

DOCUMENT # 770549 1. Entity Name SURF WAY CONDOMINIUM ASSOCIATION, INC.												
Principal Place 3110 SURF W APT 2 SINGER ISLAM	VAY	3110 APT 2	Maifing Address 3110 SURF WAY APT 2 SINGER ISLAND, FL 33404 US									
Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03062007	Chg-NP	CR26	E037 (12/06)	
City & State			City & State					4. FEI Numbe 59-2528			├	oplied For
Zip Country			Zip Cou			intry	59-252892/ Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required					ditional
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address of N	lew Register		
<u> </u>				-9-		Name						
PORTO, M						Pol	2+0	Denn	15	etable)		
3110 SURF WAY, #2 SINGER ISLAND, FL 33404						5treet A	aaress (1	O Box Numbe	e b <i>roo</i>	$\mathcal{L}^{\text{plable}}\mathcal{D}$		
SINGER	DAND, FI	L 33404					<u></u>			•		
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		ty submits this statement	for the purp	ose of changing its	s registere	ed office or	r register	ed agent, or both	h, in the State	of Florida. 1		1.4
Inggaldo en	lons of egis	tered agent.	2.1.	77						_		
SIGNATURE .	<u> </u>	xu - 1	oero	12	<u> </u>					<u> </u>	20. 0 7	
1	Signature, typed	d or inted name of registered age	nt and title if app	licable. (NOI	TE: Registere	d Agent signat	ure required	when reinstating)		DAT	re /	
Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contributi												
	_							\$5.00 May Bo	e		eck payable t partment of S	
10.	Due by N		DIRECTORS	Trust Fund						Florida De	DIRECTORS IN	tate N 10
TITLE	Due by M	OFFICERS AND D	DIRECTORS		Contribut 11.	ion.	P	Added to Fees	ANGES TO OF	Florida De	partment of S	tate
TITLE NAME	P ORTMAN	OFFICERS AND C	DIRECTORS	Trust Fund	11. TITU	ion.	P Po At	Added to Fees ADDITIONS/CHA	ANGES TO OF	Florida Dej	DIRECTORS IN	tate N 10
TITLE NAME STREET ADDRESS	P ORTMAN 40 ALTOI	OFFICERS AND D I, LAURA N ROAD UNIT #1	DIRECTORS	Trust Fund	11. TITLI NAM	ion.	P Po At	Added to Fees ADDITIONS/CHA	ANGES TO OF	Florida Dej	DIRECTORS IN	tate N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTMAN 40 ALTOI BABYLO	OFFICERS AND C	DIRECTORS	Trust Fund	11. IIII. NAM STRE	E E EET ADDRESS -ST-ZIP	P Po At	Added to Fees	ANGES TO OF	Florida Dej	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS	P ORTMAN 40 ALTOI	OFFICERS AND D OFFICERS AND D I, LAURA N ROAD UNIT #1 N, NY 11702	DIRECTORS	Trust Fund	11. TITLI NAM	E E E EET ADDRESS -ST-ZIP	P Poat 53; Wes	Added to Fees DDITIONS/CHA DO DE A M GO VIIIA LEY CHA	ANGES TO OF	FICERS AND L. Dr. 7 335	DIRECTORS IN Change	tate N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ORTMAN 40 ALTOI BABYLOI VP	OFFICERS AND D OFFICERS AND D I, LAURA N ROAD UNIT #1 N, NY 11702 DENNIS	DIRECTORS	Trust Fund	Contribut 11. IIIII NAM STRE CITY TITLE	E E E EET ADDRESS -ST-ZIP	P Poat 53; Wes	Added to Fees DDITIONS/CHA DO DE A M GO VIIIA LEY CHA	ANGES TO OF	FICERS AND L. Dr. 7 335	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PORTMAN 40 ALTOI BABYLOI VPPORTO, BOX 715	OFFICERS AND D OFFICERS AND D I, LAURA N ROAD UNIT #1 N, NY 11702 DENNIS	DIRECTORS	Trust Fund	Contribut 111. TITLE NAM STRE CITY TITLE NAM STRE	E E E EET ADDRESS -SI-ZIP E	P Poat 53; Wes VP Del 185	Added to Fees ADDITIONS/CHA TO Denn 36 V.114 1ey Cha la Pen 1 Ever 5+ Paln	gebroom pel, F	FICERS AND LA Dr. 1 335 Langs Dr. Ch F/	DIRECTORS IN Change 43 Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PORTMAN 40 ALTOI BABYLOI VP PORTO, BOX 715 EDINBOR STMD	OFFICERS AND D OFFICERS AND D I, LAURA N ROAD UNIT #1 N, NY 11702 DENNIS RO, PA 16412	DIRECTORS	Trust Fund	Contribut 11. TITU NAM STRE CITY TITUE NAM STRE CITY TITUE THE	E E E E E E E E E E E E E E E E E E E	P Poat 53; Wes VP Del 185	Added to Fees ADDITIONS/CHA TO Denn 36 V.114 1ey Cha la Pen 1 Ever 5+ Paln	gebroom pel, F	FICERS AND LA Dr. 1 335 Langs Dr. Ch F/	DIRECTORS IN Change	Addition Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR