

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 17, 2009  
Secretary of State**

DOCUMENT# 770549

Entity Name: SURF WAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3110 SURF WAY  
APT 2  
SINGER ISLAND, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

3110 SURF WAY  
APT 2  
SINGER ISLAND, FL 33404 US

**New Mailing Address:**

FEI Number: 59-2528927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORTO, DENNIS  
5336 VILLAGEBROOK DR  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: DELLA PENNA, JAMES  
Address: 1851 EVERGREEN DR  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: P      ( ) Delete  
Name: PORTO, DENNIS  
Address: 5336 VILLAGEBROOK DR  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: ST      ( ) Delete  
Name: SKRETCH, THEODORE  
Address: 216 POTATO FIELD LN  
City-St-Zip: SOUTHAMPTON, NY 11968

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE SKRETCH

ST

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date