2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006195

FILED Jul 12, 2004 Secretary of State

Entity Name: SURFSIDE MEXICO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 311 MAGNOLIA AVENUE PANAMA CITY, FL 32401 **Current Mailing Address: New Mailing Address:** 311 MAGNOLIA AVENUE P.O. BOX 28105 PANAMA CITY, FL 32401 PANAMA CITY, FL 32411 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY, FL 32401 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FULLER, CHARLES E FULLER, CHARLES W Name: Name: Address: 703 BLUEFISH DRIVE Address: PO BOX 28105 City-St-Zip: PANAMA CITY, FL 32411 City-St-Zip: PANAMA CITY, FL 32411 Title: VD () Delete Title: () Change () Addition Name: SYFRETT, CLAYTON Name: Address: 311 MAGNOLIA AVENUE Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: STD () Delete Title: () Change () Addition WILLIAMS, JACK G Name: Name: Address: 502 HARMONR AVE. Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES W. FULLER PD 07/12/2004