2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006195

FILED Jan 23, 2009 Secretary of State

Entity Name: SURFSIDE MEXICO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

224 7TH STREET 209 7TH STREET

PORT ST. JOE, FL 32456 PORT ST. JOE, FL 32456

Current Mailing Address: New Mailing Address:

224 7TH STREET 209 7TH STREET

PORT ST. JOE, FL 32456 PORT ST. JOE, FL 32456

FEI Number: 20-2485186 FEI Number Applied For () 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 GULF COAST PROPERTY SERVICES, LLC 502 HARMON AVENUE 209 7TH STREET

PANAMA CITY, FL 32401 US PORT ST. JOE, FL 32456 US

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: GCPS, LLC 01/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: D (X) Change () Addition

 Name:
 TURNER, LARRY
 Name:
 TURNER, LARRY

 Address:
 118 38TH STREET #16
 Address:
 118 38TH STREET #16

 City-St-Zip:
 MEXICO BEACH, FL 32456
 City-St-Zip:
 MEXICO BEACH, FL 32456

Title: VD () Delete Title: D (X) Change () Addition Name: MOORE, ELIZABETH Name: MOORE, ELIZABETH

Address: 203 ABERDEEN PARKWAY Address: 203 ABERDEEN PARKWAY
City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32405

 Name:
 SYFRETT, CLÁYTON
 Name:
 SYFRETT, CLÁYTON

 Address:
 311 MAGNOLIA AVENUE
 311 MAGNOLIA AVENUE

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 PANAMA CITY, FL 32401

Title: SEC (X) Delete Title: () Change () Addition

 Name:
 CHILDS, SALLY
 Name:

 Address:
 P.O. BOX 13470
 Address:

 City-St-Zip:
 MEXICO BEACH, FL 32410
 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: S. NOVAK CAM 01/23/2009