


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-05-2006 90160 005 ****61.25

DOCUMENT # N05000011021			
1. Entity Name SURF BEACH RESORT CONDOMINIUM ASSOCIATION, INC.		Mailing Address 11040 GULF BLVD TREASURE ISLAND, FL 33706	
Principal Place of Business 11040 GULF BLVD TREASURE ISLAND, FL 33706		Mailing Address 11040 GULF BLVD TREASURE ISLAND, FL 33706	
2. Principal Place of Business		3. Mailing Address <i>e/o Comprehensive Mgt</i>	
Suite, Apt. #, etc.		Suite, Apt. #, Etc. <i>10575 68th Ave B3</i>	
City & State		City & State <i>Seminole FL</i>	
Zip		Zip <i>33772</i>	
Country		Country <i>Pinellas</i>	
4. FEI Number <i>203690271</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR. 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771		7. Name and Address of New Registered Agent Name: <i>Graham, Donald V</i> Street Address (P.O. Box Number is Not Acceptable): <i>10575 68th Ave N B3</i> City: <i>Seminole FL</i> Zip Code: <i>33772</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRNE, GAIL 153 107TH AVENUE TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bova, Tom 11365 9th St E. Treasure Isl 71 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, KENNETH 10217 PARADISE BLVD TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Yurasko, Frank 16326 Gulf Blvd #502 Redington Beach: 71 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAKOS, LEE ANN 153 107TH AVENUE TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brown, JUNE 10217 Paradise Blvd Treasure Isl. 71 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wojcik, Robert Jr. 4211 meandering way Crystal Lake, IL 60014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Higgins, PATTI 14960 Gulf Blvd 71 33708 MADEIRA BEACH: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Thomas W. Dan</i>		Date: <i>3-30-06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	