


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90068 027 \*\*\*\*61.25

<b>DOCUMENT # N05000011021</b>					
1. Entity Name SURF BEACH RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11040 GULF BLVD TREASURE ISLAND, FL 33706			Mailing Address C/O COMPREHENSIVE MGMT 10575 68TH AVE B3 SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAHAM, DONALD V 10575 68TH AVE N B3 SEMINOLE, FL 33772				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORA, TOM			NAME	<i>Bora, Thomas</i>
STREET ADDRESS	11365 9TH ST E			STREET ADDRESS	<i>11365 9th St E</i>
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP	<i>Treasure Island, FL 33706</i>
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YURASKO, FRANK			NAME	<i>Weisman, Thomas</i>
STREET ADDRESS	16326 GULF BLVD 502			STREET ADDRESS	<i>25435 Penhurst Dr</i>
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708			CITY-ST-ZIP	<i>Beachwood OH 44123</i>
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JUNE			NAME	<i>Lewis, George</i>
STREET ADDRESS	10217 PARADISE BLVD			STREET ADDRESS	<i>7819 4th Ave S.</i>
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP	<i>St Petersburg, FL 33707</i>
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOJEIK, NORBERT JR			NAME	
STREET ADDRESS	4211 MEANDERING WAY			STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE, IL 60014			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, PATTI			NAME	
STREET ADDRESS	14900 GULF BLVD			STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 report 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 Bora</i>				Date: <i>4/27/07</i> 789-365-0592	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

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4. FEI Number 20-3690271 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required