


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90028 037 \*\*\*\*61.25

**DOCUMENT # N05000011021**

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 #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**13030 Gulf Blvd**  
 Suite, Apt. #, etc.  
 City & State  
**Madeira Beach, FL**  
 Zip Country  
**33708 U.S.**

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-3690271** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRAHAM, DONALD V  
 10575 68TH AVE N B3  
 SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent  
 Name  
**Total Realty Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13030 Gulf Blvd**  
 City  
**Madeira Beach FL** Zip Code  
**33708**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



Filing Fee is \$61.25  
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOVA, THOMAS	
STREET ADDRESS	11365 9TH ST E	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YURASKO, FRANK	
STREET ADDRESS	16326 GULF BLVD 502	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, GEORGE	
STREET ADDRESS	7819 4TH AVE. S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, PATTI	
STREET ADDRESS	14900 GULF BLVD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISMAN, THOMAS	
STREET ADDRESS	25435 PENHURST DR.	
CITY-ST-ZIP	BEACHWOOD, OH 44122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Wojcik	
STREET ADDRESS	411 Redwood Ln	
CITY-ST-ZIP	Schwaburg, IL 60193	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Dix	
STREET ADDRESS	233 Arlington Dr.	
CITY-ST-ZIP	Amery, WI 54001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR