

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 27 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N15754** (7)

1. Corporation Name  
**CONDOMINIUM OWNERS ASSOCIATION OF SURFSIDE SIX, INC.**

Principal Place of Business Mailing Address

~~19 MICHAEL N. SCHNEIDER  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32210~~

**1 MICHAEL N. SCHNEIDER  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32216**

2. Principal Place of Business 2a. Mailing Address

21 **7342 San Jose Blvd.** 28

Suite, Apt. #, etc. Suite, Apt. #, etc.

22

27

City & State City & State

23 **Jacksonville, FL** 28

Zip Country Zip Country

24 **32217** 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/08/1986** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2877775** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**BOBBITT, TIMOTHY E  
7342 SAN JOSE BLVD  
JACKSONVILLE FL 32217**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BOBBITT, TIMOTHY</b>
STREET ADDRESS	<b>7342 SAN JOSE BLVD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>CAMPBELL, DAVID</b>
STREET ADDRESS	<b>3103 HUNTINGTON CIR.</b>
CITY - ST - ZIP	<b>VALDOSTA GA</b>
TITLE	<b>D</b>
NAME	<b>THOMAS, JACK H.</b>
STREET ADDRESS	<b>4575 WHISPERING INLET DR</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy E. Bobbitt 4/15/95 904-787-2035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Timothy E. Bobbitt**