

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90083 038 \*\*\*\*61.25

**DOCUMENT # N15754**

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



Principal Place of Business  
**2 10TH ST.  
ST AUGUSTINE BCH FL 32080  
US**

Mailing Address  
**661 A1A BEACH BLVD.  
ST. AUGUSTINE FL 32080  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**1093 A1A BEACH BLVD.  
PMB 416**

City & State  
**ST. AUG, FL**

Zip Country Zip Country  
**32080 U.S.**



1st MOORE CR2E037 (10/04)

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

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

6. Name and Address of Current Registered Agent  
**SEAWINDS COMMUNITIES, INC.  
616 A1A BEACH BLVD.  
ST. AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent  
Name **ROBERT A. EBERLING, CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1797 OLD MOULTRIE RD  
SUITE 107**  
City **ST. AUGUSTINE FL** Zip Code **32084**

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 *Robert A. Eberling* (NOTE: Registered Agent signature required when reinstating) DATE 2/11/05

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGLAIR, RONALO</b> <b>7111 GREEN BRIAR DR.</b> <b>SEMINOLE FL 33777</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEYLAND, BRAD</b> <b>2 10TH ST UNIT D</b> <b>ST. AUGUSTINE BEACH FL 32084</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, JACK H.</b> <b>4575 WHISPERING INLET DR</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPRING, ANITA</b> <b>5707 SW 17TH DR</b> <b>GAINESVILLE FL 32608</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERMON, STEVEN</b> <b>210TH ST</b> <b>ST AUGUSTINE BCH FL 32080</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCJANNET, DOUGLAS</b> <b>107 WOODBURY PL</b> <b>DECATUR GA 30030</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINCLAIR, RON</b> <b>7111 GREEN BRIAR DR</b> <b>SEMINOLE, FL 33777</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAYLAND, BRAD</b> <b>2 10TH ST UNIT D</b> <b>ST. AUG, FL 32080</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, JACK</b> <b>116 RIVER PLANTATION DR. NORTH</b> <b>ST. AUG, FL 32092</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PERMUY, STEVE</b> <b>2 10TH ST. UNIT A</b> <b>ST. AUG, FL 32080</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCJANNET, MONIKA</b> <b>107 WOODBURY PL.</b> <b>DECATUR, GA. 30030</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Monika McJannet* TRUSTEE 02/23/05 904-471-8345

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