

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **744667** (7)
1. Corporation Name
SURFSONG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2088 ESTERO BLVD.
FT. MYERS BEACH FL 33931-3245**

Mailing Address
**2088 ESTERO BLVD.
FT. MYERS BEACH FL 33931-3245**

3. Date Incorporated or Qualified **10/23/1978** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1881598		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**FERGUS, CHARLOTTE
2088 ESTERO BLVD
FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERGUS, CHARLOTTE		1.2 NAME	
STREET ADDRESS 2088 ESTERO BLVD. #3C		1.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS BCH, FL 00000		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERGUS, EDGAR		2.2 NAME	
STREET ADDRESS 2088 ESTERO BLVD #3C		2.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS BCH, FL 00000		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARRISH, JOHN		3.2 NAME	
STREET ADDRESS 2088 ESTERO BLVD. #D-2		3.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS BCH, FL 00000		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARKER, GRANT		4.2 NAME	
STREET ADDRESS 2088 ESTERO BLVD. #F-3		4.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS BCH, FL 00000		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNG, ROBERT		5.2 NAME	
STREET ADDRESS 2088 ESTERO BLVD. M#4B		5.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS BCH, FL 00000		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALLENGER, LLOYD		6.2 NAME	
STREET ADDRESS 2088 ESTERO BLVD. #3G		6.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS BCH FL		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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlotte Fergus Sec./Treas.* 3/26/96 941-463-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)