

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 # **762718** (5)

1. Corporation Name

SURF N SUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**490 SOUTH ORLANDO AVENUE
P O BOX 32932-1501
COCOA BEACH FL 32931**

Mailing Address

**P.O. BOX 329321501
COCOA BCH FL 32932**

3. Date Incorporated or Qualified
04/05/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2343044

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

25

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARILYN RIGERMAN
200 N. FIRST ST
COCOA BCH FL 32931**

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 ☐ DELETE
NAME **D/P**
STREET ADDRESS **BELL, WILLIE**
CITY-ST-ZIP **P.O. BOX 580209 N/A**
ROCKLEDGE FL 32956

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **STD**
STREET ADDRESS **KEATHLEY, DORIS**
CITY-ST-ZIP **P.O. BOX 463**
CRESENT CITY FL 32112

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **HALL, RODNEY A**
CITY-ST-ZIP **5415 LOVETT DRIVE**
MERRITT ISLAND FL

31 TITLE ☒ Change ☐ Addition
32 NAME **STD**
33 STREET ADDRESS **Hall, Rodney**
34 CITY-ST-ZIP **8785 Live Oak Ct**
Cape Canaveral, FL 32920

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME **VFP**
43 STREET ADDRESS **Walter Cheatham**
44 CITY-ST-ZIP **3190 N Atlantic Avenue #120**
Cocoa Beach, Florida 32914

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

5/1/95
5:09 PM
SECRETARY OF STATE



May 1, 1995