

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762718

1. Entity Name

SURF N SUN CONDOMINIUM ASSOCIATION, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90097 025 ***70.00

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

2. Principal Place of Business

490 South Orlando Ave

3. Mailing Address

490 South Orlando Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

4. FEI Number

59-2343044

Applied For

Not Applicable

Zip

32931

Country

Zip

32931

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARILYN RIGERMAN
200 N. FIRST ST
COCOA BCH FL 32931

7. Name and Address of New Registered Agent

Name Desiree A Boss

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

490 South Orlando Ave

City Cocoa Beach

FL

Zip Code 32931

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.

SIGNATURE Desiree A. Boss Desiree A Boss

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

(NOTE: Registered Agent signature required when reinstating)

8-30-2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D/P
NAME BELL, WILLIE ☐ Delete
STREET ADDRESS P.O. BOX 560209 N/A
CITY-ST-ZIP ROCKLEDGE FL 32956

TITLE D
NAME CHERRY, RICHARD ☐ Delete
STREET ADDRESS 30 YAWL DR
CITY-ST-ZIP COCOA BCH FL

TITLE STD
NAME HALL, RODNEY A ☐ Delete
STREET ADDRESS 8785 LIVE OAK COURT
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☒ Change ☐ Addition
NAME CHARLES D. Fredricksen
STREET ADDRESS 490 SOUTH ORLANDO AVE #17
CITY-ST-ZIP COCOA BEACH, FLORIDA 32931

TITLE D/B/S ☒ Change ☐ Addition
NAME Tony Gorman
STREET ADDRESS 7515 RIDGEWOOD AVE #15
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE D/U ☒ Change ☐ Addition
NAME WILLIE BELL
STREET ADDRESS 900 BLUEGRASS LANE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)