2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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FILED

Mar 21, 2007 8:00 am Secretary of State **DOCUMENT #728110** 03-21-2007 90035 023 ****61.25 JUNO BY THE SEA NORTH CONDOMINIUM ASSOCIATION (THE SURF), INC. Principal Place of Business Mailing Address アロックマン 900 OCEAN DR 900 OCEAN DR JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1548204 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FENTON, SANDRA J 900 OCEAN DRIVE JUNO BEACH, FL 33408 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. SIGNATUR (NOTE Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition VERNON, ROAN BoB RochL NAME NAME STREET ADDRESS 900 OCEAN DRIVE # 207 900 ocean on # 306 STREET ADDRESS JUNO BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP FC TITLE Delete TITLE Change ☐ Addition GODINO JOM NAME NAME 900 OCEAN DRIVE STREET ADDRESS STREET ADDRESS JUNO BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNEUER, KARIN NAME MAME STREET ADDRESS 900-OCEAN-DRIVE # LO7 STREET ADDRESS JUNO BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change ☐ Addition ROWE RANDY NAMF NAME 900 OCEAN DR. STREET ADDRESS STREET ADDRESS JUNO BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NOVICKY, BOBBIE NAME 900 OCEAN DRIVE # 402 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 AND TYPED OR PRINTED NAME OF SIG