

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90009 025 ****61.25

DOCUMENT # 762718 1. Entity Name SURF N SUN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O SPACE COAST PROP MGMT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940			Mailing Address C/O SPACE COAST PROP MGMT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2343044	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDMAN, CHRIS 15818 WILLOWDALE RD. TAMPA, FL 33625	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, DEBORAH 312 PALM AVE COCOA, FL 32922	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRISAFULLI, ANNETTE 490 S ORLANDO AVE #6 MERRITT ISLAND, FL 32931	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Janice Carter 8916 Bradenwood Drive Orlando, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3-8-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					