

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011021

**Entity Name:** SURF BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC3013326887**

**Current Principal Place of Business:**

11040 GULF BLVD  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785

**FEI Number: 20-3690271**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONDO MANAGEMENT PLUS.  
19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name WOJCIK, KATHLEEN  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

Title DIRECTOR  
Name DIX, RON  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

Title D  
Name FUCHS, SIG  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

Title ST  
Name GRECO, MARYETTE  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

Title P  
Name WOJCIK, NORBERT  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NORBERT WOJCIK**

**PRESIDENT**

**02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date