

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011021

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

**FILED**  
**Apr 07, 2018**  
**Secretary of State**  
**CC2938607181**

**Current Principal Place of Business:**

11040 GULF BLVD  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

5666 SEMINOLE BLVD  
SUITE 3  
SEMINOLE , FL 33772 US

**FEI Number:** 20-3690271

**Certificate of Status Desired:** No

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

CONDO MANAGEMENT PLUS.  
5666 SEMINOLE BLVD  
SUITE 3  
SEMINOLE , FL 33772 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 SECRETARY  
Name SUTHERLAND, PAT  
Address 5666 SEMINOLE BLVD  
SUITE 3  
City-State-Zip: SEMINOLE FL 33772

Title VP  
Name FERREIRA, BILL  
Address 5666 SEMINOLE BLVD  
SUITE 3  
City-State-Zip: SEMINOLE FL 33772

Title PRESIDENT  
Name BRUCKNER, ANITA  
Address 5666 SEMINOLE BLVD  
SUITE 3  
City-State-Zip: SEMINOLE FL 33772

Title DIRECTOR  
Name WOJCIK, NORBERT  
Address 5666 SEMINOLE BLVD  
SUITE 3  
City-State-Zip: SEMINOLE FL 33772

Title TREASURER  
Name FURMANEK, WALT  
Address 5666 SEMINOLE BLVD  
SUITE 3  
City-State-Zip: SEMINOLE FL 33772

*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:** ANITA BRUCKNER

**PRESIDENT**

**04/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date