

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05742

**Entity Name:** SURFSIDE 1700 CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 13, 2015**  
**Secretary of State**  
**CC1449218407**

**Current Principal Place of Business:**

% DORIS DE BERTRAM  
1701 GULF WAY, UNIT 3  
ST PETERSBURG BCH, FL 33706

**Current Mailing Address:**

% DORIS DE BERTRAM  
1701 GULF WAY, UNIT 3  
ST PETERSBURG BCH, FL 33706 US

**FEI Number: 59-2686281**

**Certificate of Status Desired: No**

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

DEBERTRAM, DORIS  
1701 GULF WAY  
#3  
ST. PETERBURG BCH, FL 33706 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 PD  
Name JOHNSON, PAUL  
Address 1701 GULF WAY #2  
City-State-Zip: ST. PETE BCH FL

Title TD  
Name DEBERTRAM, DORIS  
Address 1701 GULF WAY, UNIT #3  
City-State-Zip: ST PETERSBURG BCH FL

Title VPD  
Name GARVEY, PAT  
Address 1701 GULF WAY, UNIT 6  
City-State-Zip: ST PETERSBURG BCH FL 33706

Title PRESIDENT  
Name SURFSIDE 1700 CONDOMINIUM ASSOCIATION, INC.  
Address C/O PAT GARVEY, PRESIDENT P.O. BOX 46643  
City-State-Zip: ST PETERSBURG BCH FL 33741

*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: TERESA COLBY**

**PROPERTY MANAGER**

**03/13/2015**

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

\_\_\_\_\_  
Date