

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05742

Entity Name: SURFSIDE 1700 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ENSUVI PROPERTY MANAGEMENT INC.
PO BOX 633
ELFERS, FL 34680, FL 34680

Current Mailing Address:

C/O ENSUVI PROPERTY MANAGEMENT INC.
PO BOX 633
ELFERS, FL 34680, FL 34680 US

FEI Number: 59-2686281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENSUVI PROPERTY MANAGEMENT INC
C/O ENSUVI PROPERTY MANAGEMENT INC.
PO BOX 633
ELFERS, FL 34680, FL 34680 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: MURRAY CHARLES MCGILVEARY

01/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ERETT, PATRICIA
Address C/O ENSUVI PROPERTY
 MANAGEMENT INC.
 PO BOX 633
City-State-Zip: ELFERS, FL 34680 FL 34680

Title PRESIDENT
Name HOWE, LEIGH
Address C/O ENSUVI PROPERTY
 MANAGEMENT INC.
 PO BOX 633
City-State-Zip: ELFERS, FL 34680 FL 34680

Title SECRETARY, VP
Name MORROW, CATHY
Address C/O ENSUVI PROPERTY
 MANAGEMENT INC.
 PO BOX 633
City-State-Zip: ELFERS, FL 34680 FL 34680

Title MANAGER
Name ENSUVI PROPERTY MANAGEMENT
 INC.
Address C/O ENSUVI PROPERTY
 MANAGEMENT INC.
 PO BOX 633
City-State-Zip: ELFERS, FL 34680 FL 34680

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: MURRAY CHARLES MCGILVEARY

MANAGER

01/15/2022

Electronic Signature of Signing Officer/Director Detail

Date