

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15754

**FILED**  
**Jan 31, 2022**  
**Secretary of State**  
**7436239021CC**

**Entity Name:** CONDOMINIUM OWNERS ASSOCIATION OF SURFSIDE SIX, INC.

**Current Principal Place of Business:**

2 10TH ST.  
ST AUGUSTINE BCH, FL 32080

**Current Mailing Address:**

1093 A1A BEACH BLVD PMB 416  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 59-2877775

**Certificate of Status Desired:** No

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

HAVLICEK, JOHN  
521 A1A BEACH BLVD.  
SAINT AUGUSTINE, FL 32080 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:** JOHN HAVLICEK

01/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name ODIORNE, KEVIN  
Address 813 GRIMES BRIDGE ROAD  
City-State-Zip: ROSEWELL GA 30075

Title PRESIDENT  
Name SPRING, ANITA  
Address 5707 SW 17TH DRIVE  
City-State-Zip: GAINESVILLE FL 32608

Title SECRETARY  
Name SIMES, DAVID  
Address 2424 STONEBRIDGE DRIVE  
City-State-Zip: ORANGE PARK FL 32065

Title VP  
Name MATHIS, KELLY  
Address P.O. BOX 550592  
City-State-Zip: JACKSONVILLE FL 32255

Title D  
Name GUFFY, MICHAEL  
Address 101 ARBOR DRIVE  
City-State-Zip: CARTERVILLE IL 62918

Title D  
Name ASPINWALL, RACHAEL  
Address 2 10TH STREET UNIT D  
City-State-Zip: ST. AUGUSTINE FL 32080

*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 SPRING

PD

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date