

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

03-24-2004 90026 003 ***150.00

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1. Entity Name

SURFSIDE TWELVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

PO BOX 190
SANIBEL, FL 33957

Mailing Address

P.O. BOX 190
SANIBEL, FL 33957-5025



01212004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1900980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, DAVID A
695 TARPON BAY RD, #5
SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **MA**
NAME OWENS, DAVID A
STREET ADDRESS 695 TARPON BAY ROAD, #5
CITY-ST-ZIP SANIBEL, FL 33957

TITLE P
NAME KANAK, DON
STREET ADDRESS 25 CHATHAM LANE
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE VP
NAME BARBIERI, CAROL
STREET ADDRESS 49 CYPRESS AVE.
CITY-ST-ZIP BETHPAGE, NY 11714

TITLE ST
NAME MOELEER, RITA
STREET ADDRESS 407 PRINCE STREET
CITY-ST-ZIP ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A OWENS

Date

Daytime Phone #

2/17/04