

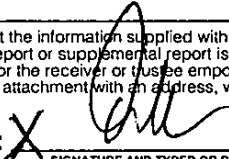


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90106 039 \*\*\*150.00

<b>DOCUMENT # 524133</b> 1. Entity Name <b>SURFSIDE TWELVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 190 SANIBEL, FL 33957</b>			Mailing Address <b>P.O. BOX 190 SANIBEL, FL 33957-5025</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>12853 Banyan Creek Drive</b> Suite, Apt. #, etc.		<b>50025812</b> 	
City & State <b>Fort Myers FL</b>		City & State <b>Fort Myers FL</b>		4. FEI Number <b>59-1900980</b>	
Zip <b>33908</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>OWENS, DAVID A 695 TARPON BAY RD, #5 SANIBEL, FL 33957</b>				7. Name and Address of New Registered Agent Name <b>David A. Owens</b> Street Address (P.O. Box Number is Not Acceptable) <b>12853 Banyan Creek Drive</b> City <b>Fort Myers</b> <b>FL</b> <b>33908</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT OWENS, DAVID A 695 TARPON BAY ROAD, #5 SANIBEL, FL 33957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David A. Owens 12853 Banyan Creek Drive Fort Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANAK, DON 25 CHATHAM LANE OAK BROOK, IL 60523	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Treasur Kanak, Don 25 Chatham Lane Oak Brook, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBIERI, CAROL 49 CYPRESS AVE. BETHPAGE, NY 11714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carol Barbieri 49 Cypress Avenue Bethpage, NY 11714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOELEER, RITA 407 PRINCE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					