

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718054

FILED
Jan 04, 2011
Secretary of State

Entity Name: SURFSIDE MANAGEMENT, INC.

Current Principal Place of Business:

SURFSIDE MANAGEMENT INC
4831 SAXON DR
NEW SMYRNA BCH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

SURFSIDE MANAGEMENT INC
4831 SAXON DR
NEW SMYRNA BCH, FL 32169 US

New Mailing Address:

FEI Number: 59-1285243 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BECKER/POLIAKOFF PA, C/O CHRISTENSE J
901 N LAKE DESTINY DR, STE 145
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: SMNITH, SUSAN
Address: 6617 CHAPARRAL COURT
City-St-Zip: CINCINNATI, OH 45233

Title: D
Name: ROU, JENNINGS
Address: 55 INTERLAKEN RD.
City-St-Zip: ORLANDO, FL 32804

Title: PD
Name: SHEPARD, WILLIAM
Address: 1825 SW 14TH PLACE
City-St-Zip: OCALA, FL 34471

Title: TD
Name: PARRISH, WENDALL
Address: 518 ASCOT DR
City-St-Zip: MAINEVILLE, OH 45039

Title: D
Name: VETTER, JACK
Address: 3849 BEAR LANE
City-St-Zip: CINCINNATI, OH 45002

Title: SD
Name: HENDERSON, ROBERT
Address: PO BOX 1171
City-St-Zip: MOUNT DORA, FL 32756

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: WENDELL PARRISH

TD

01/04/2011

Electronic Signature of Signing Officer or Director

Date