


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90087 028 ****70.00

DOCUMENT # 723094 1. Entity Name SURFSIDE PRIVATE BEACH, INC					
Principal Place of Business IRV STONE 2011 COCONUT DRIVE FORT PIERCE, FL 34949 US			Mailing Address IRV STONE 2011 COCONUT DRIVE FORT PIERCE, FL 34949 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7293356	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STONE, IRV 2011 COCONUT DR. FORT PIERCE, FL 34949				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE P NAME STONE, IRV STREET ADDRESS 2011 COCONUT DR CITY-ST-ZIP FT. PIERCE, FL	<input type="checkbox"/> Delete				
TITLE D NAME FAUST, MARILYN STREET ADDRESS 2010 COCONUT DR CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete				
TITLE V NAME PARKIN, DIXIE STREET ADDRESS 1705 BAYSHORE DR CITY-ST-ZIP FORT PIERCE, FL 34949	<input type="checkbox"/> Delete				
TITLE S NAME FAUTH, SUSAN STREET ADDRESS 1902 RIO VISTA DR CITY-ST-ZIP FORT PIERCE, FL 34949	<input type="checkbox"/> Delete				
TITLE T NAME BOCCHICCHIO, FLORENCE E STREET ADDRESS 1711 RIO VISTA DR CITY-ST-ZIP FT PIERCE, FL 34949	<input type="checkbox"/> Delete				
TITLE D NAME CROGHAN, CHARLES STREET ADDRESS 2025 JACARANDA DR CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE DIRECTOR NAME STONE, IRV STREET ADDRESS 2011 COCONUT DR. CITY-ST-ZIP FT. PIERCE, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VICE - PRESIDENT NAME WILDER ROBERT STREET ADDRESS 2013 COCONUT DR. CITY-ST-ZIP FT. PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE PRESIDENT NAME PARKIN, DIXIE STREET ADDRESS 1705 BAYSHORE DR. CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE DIRECTOR NAME MULDERRIG, MARTIN L. STREET ADDRESS 1713 RIO VISTA DR. CITY-ST-ZIP FT. PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <u>Florence E. Bocchicchio</u> FLORENCE E. BOCCHICCHIO TREASURER <u>4/27/07</u> <u>772-464-1210</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					