

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723094

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** SURFSIDE PRIVATE BEACH, INC

**Current Principal Place of Business:**

SUSAN FAUTH  
1906 RIO VISTA DR.  
FORT PIERCE, FL 34949 US

**New Principal Place of Business:**

GINA SCHROEDER  
1717 RIO VISTA DR.  
FORT PIERCE, FL 34949 US

**Current Mailing Address:**

MARK ARLINGTON  
1903 RIO VISTA DRIVE  
FORT PIERCE, FL 34949 US

**New Mailing Address:**

GINA SCHROEDER  
1717 RIO VISTA DR.  
FORT PIERCE, FL 34949 US

**FEI Number:** 23-7293356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAUTH, SUSAN  
1906 RIO VISTA DRIVE  
FORT PIERCE, FL 34949 US

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

SCHROEDER, GINA  
1717 RIO VISTA DRIVE  
FORT PIERCE, FL 34949 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: GINA SCHROEDER

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZEZECK, CRAIG  
Address: 2002 CYPRESS AVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP  
Name: LONGO, FRANK  
Address: 2005 CYPRESS AVE.  
City-St-Zip: FORT PIERCE, FL 34949

Title: D  
Name: PETERSN, JOHN  
Address: 1829 EUCALYPTUS AVE  
City-St-Zip: FT PIERCE, FL 34949

Title: T  
Name: SCHROEDER, GINA  
Address: 1717 RIO VISTA DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: D  
Name: ARLINGTON, MARK  
Address: 1903 RIO VISTA DRIVE  
City-St-Zip: FT PIERCE, FL 34949

Title: S  
Name: PERONA, KATHLEEN  
Address: 2004 CYPRESS AVE  
City-St-Zip: FORT PIERCE, FL 34949

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: GINA SCHROEDER

T

03/21/2012

Electronic Signature of Signing Officer or Director

Date