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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725449

1. Corporation Name

SURFSIDE VILLAS ASSOCIATION INC

Principal Place of Business

17561 FRONT BEACH RD
 #21
 PANAMA CITY BEACH FL 32413
 US

Mailing Address

17561 FRONT BEACH RD
 #21
 PANAMA CITY BEACH FL 32413
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

9. Name and Address of Current Registered Agent

BUELL, JOHN E JR
16231 E. LULLWATER DR
PANAMA CITY BEACH FL 32413

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/02/1973

4. FEI Number

59-2917184

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☒ \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

ROBERT P. REIK

82 Street Address (P.O. Box Number is Not Acceptable)

17561 FRONT BEACH RD #12

83

84 City

PANAMA CITY BEACH

85 Zip Code

FL 32413

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

President
 (NOTE: Registered Agent signature required when reinstating)

8 Feb 1999
 DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HELMS, DORIS C	
STREET ADDRESS	5380 DALLAS HWY	
CITY-ST-ZIP	POWORTH SPRINGS CA 30127	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BUELL, JOHN E JR	
STREET ADDRESS	16231 E. LULLWATER DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	IVEY, GRAVES B	
STREET ADDRESS	17561 FRONT BEACH RD #14	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ALLUMS F	
STREET ADDRESS	58 PARK WAY	
CITY-ST-ZIP	FRONT ROYAL VA 22630	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUFF, PHILLIP	
STREET ADDRESS	17561 FRONT BEACH RD., #15	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TERRY JOHNSON
1.3 STREET ADDRESS	519 N. DAWSON
1.4 CITY-ST-ZIP	THOMASVILLE, GA 31792
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRAN REYNOLDS
2.3 STREET ADDRESS	274 MARVLAND DR.
2.4 CITY-ST-ZIP	CAMILLA, GA 31730
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BILL LONG
3.3 STREET ADDRESS	17561 FRONT BEACH RD #10
3.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT P. REIK
4.3 STREET ADDRESS	17561 FRONT BEACH RD #12
4.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PHILIP M. SHUFF
5.3 STREET ADDRESS	17561 FRONT BEACH RD #15
5.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert P. Reik
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Feb 1999
 Date

Daytime Phone #

CR2E037 (1/98)