

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90090 049 \*\*\*\*61.25

**DOCUMENT # 725449**

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2917184**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIR, ROBERT P**  
**17561 FRONT BCH RD #12**  
**PANAMA CITY BEACH FL 32413**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete  
 NAME **JOHNSON, TERRY**  
 STREET ADDRESS **MAIN STREET**  
 CITY-ST-ZIP **HIGHLANDS NC 28741**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **MASSENGALE, CLIFF**  
 STREET ADDRESS **PO BOX 327**  
 CITY-ST-ZIP **LEXINGTON OK 73051**

TITLE **D** ☐ Change ☒ Addition  
 NAME **PITTMAN, DAN JR.**  
 STREET ADDRESS **P.O. BOX 311374**  
 CITY-ST-ZIP **ENTERPRISE, AL 36631**

TITLE **P** ☐ Delete  
 NAME **GRAVES, MEY**  
 STREET ADDRESS **17561 FRONT BEACH RD, #14**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **REIK, ROBERT P**  
 STREET ADDRESS **17561 FRONT BEACH RD 12**  
 CITY-ST-ZIP **PANAMA CITY BCH FL 32413**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SHUFF, PHILIP M**  
 STREET ADDRESS **17561 FRONT BEACH RD, #15**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert P. Reik* **ROBERT P. REIK** **13 MARCH 2002** **850-235-6246**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)