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FILED
Feb 11, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-11-1999 90053 037 *****61.25

DOCUMENT # 740056

1. Corporation Name

SURF CREST VILLAGE SERVICE INCORPORATED

Principal Place of Business

13 JOBIL DRIVE
ST. AUGUSTINE FL 32084
US

Mailing Address

13 JOBIL DRIVE
ST. AUGUSTINE FL 32084
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

09/01/1977

4. FEI Number

59-1964048

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

9. Name and Address of Current Registered Agent

TRAYNOR MICHAEL
28 CORDONA STREET
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

TD
NAME YASTRZEMSKI, RICHARD
STREET ADDRESS 15 BLUE FISH LANE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DELETE

DVP
NAME WATTS, BARBARA
STREET ADDRESS 9 TARPON LANE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DELETE

PD
NAME FARRELL, CECILIA
STREET ADDRESS 36 SEA URCHIN DR.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DELETE

D
NAME FENTON, BOONE
STREET ADDRESS 7 AMBER JACK DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DELETE

SD
NAME SCHUHIE, JOHN
STREET ADDRESS 27 DRUM POINT
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

904-461-1126

Date Daytime Phone #

CR2E037 (1/98)