

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740056

FILED
Jan 25, 2010
Secretary of State

Entity Name: SURF CREST VILLAGE SERVICE INCORPORATED

Current Principal Place of Business:

13 JOBIL DRIVE
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

13 JOBIL DRIVE
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-1964048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, CECILIA
36 SEA URCHIN DRIVE
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: WATTS, BARBARA
Address: 9 TARPON LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: PD
Name: FARRELL, CECILIA
Address: 36 SEA URCHIN DR.
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SD
Name: SCHUHLE, JOHN
Address: 27 DRUM POINT
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD
Name: KASPER, SHARON
Address: 29 DRUM POINT CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: RUTH, DONALD
Address: 45 SAILFISH LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: SHARON K. KASPER

TD

01/25/2010

Electronic Signature of Signing Officer or Director

Date