

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 744667

1. Corporation Name

SURFSOFG CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2088 ESTERO BLVD.  
FT. MYERS BEACH FL 33931-3245

Mailing Address

2088 ESTERO BLVD.  
FT. MYERS BEACH FL 33931-3245

93 JUL 30 AM 8:47

STATE  
TALLAHASSEE, FLORIDA

2/19/99 90058/050 \$61.25

|                                |  |                     |  |                                                           |  |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                         |  |
| 21                             |  | 2b                  |  | 10/23/1978                                                |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                             |  |
| 22                             |  | 27                  |  | 59-1881596                                                |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |  | 28                  |  | \$8.75 Additional Fee Required                            |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing                            |  |
| 24                             |  | 29                  |  | Trust Fund Contribution <input type="checkbox"/>          |  |
| Country                        |  | Country             |  | \$5.00 May Be Added to Fees                               |  |
| 25                             |  | 30                  |  |                                                           |  |

9. Name and Address of Current Registered Agent

FERGUS, CHARLOTTE  
2088 ESTERO BLVD  
FT. MYERS BEACH FL 33931

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

*Charlotte Fergus*

*Sec. / Treas.*

DATE 2/2/99

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | S <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERGUS, CHARLOTTE                 | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2088 ESTERO BLVD. #3C             | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT MYERS BCH, FL 00000            | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERGUS, EDGAR                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2088 ESTERO BLVD #3C              | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT MYERS BCH, FL 00000            | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | P <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARRISH, JOHN                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2088 ESTERO BLVD. #D-2            | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT MYERS BCH, FL 00000            | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARKER, GRANT                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2088 ESTERO BLVD. #F-3            | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT MYERS BCH, FL 00000            | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YOUNG, ROBERT                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2088 ESTERO BLVD. M#4B            | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT MYERS BCH, FL 00000            | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STENSRUDE, LARRY                  | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2088 ESTERO BLVD. #3G             | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT MYERS BCH FL                   | 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 Young*

1/27/99

941-463-4210