2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an addrese, with all other like empowered

SIGNATURE:

FILED **DOCUMENT # 745439** Jan 27, 2006 08:00 AM 1. Entity Name **Secretary of State** SURFSIDE FOUR CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 296 BEACH RD. 296 BEACH RD. SARASOTA FL 34242 SARASOT FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicat Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, JAMES L. 296 BEACH RD Street Address (P.O. Box Number is Not Acceptable) SARSOTA FL 34277 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. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature registed when reinstating) 117-17-17-17-17-17-1 FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State The state of the s 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ A³·² ☐ Delete ☐ Change TITLE MORTON, EDDIE NAME NAME 304 BEACH RD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY - ST - ZIP CITY-ST-ZIP TD ☐ Change T Address TITLE ☐ Delete TITLE JOHNSON, JAMES NAME STREET ADDRESS 296 BEACH RD STREET ADDRESS SARASOTA FL CITY-ST-7/P CITY-ST-ZIP VD ☐ Delete TITLE KEEFE, MIKE O NAME NAME STREET ADORESS 298 BEACH ROAD STREET ADDRESS CITY - ST - ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Change □ Adam ☐ Delete NAME SULLIVAN, MARY CLARK STREET ADDRESS 302 BEACH RD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Change ☐ Add TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change All.: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P 12. I hereby certify that the information supplied with this fifing does not qualify for the exemptions contained in Section 119. 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 direction 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 1

1-22-06