


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 745809 1. Entity Name OREGON SURF CONDOMINIUM, INC.	
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Principal Place of Business C/O ROBERT S BETTER 337 OREGON ST HOLLYWOOD, FL 33019 US	Mailing Address C/O ROBERT S BETTER 337 OREGON ST HOLLYWOOD, FL 33019 US
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07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1991007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BETTER, ROBERT S 337 OREGON ST HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRAFT, LYN 341 OREGON ST HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BETTER, ROBERT S 337 OREGON ST HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DEMACE, FRANK 339 OREGON ST HOLLYWOOD, FL 33019
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07/12/07-80004-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert S. Better ROBERT S BETTER 7/14/07 305-551-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #