

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 745809

1. Entity Name
OREGON SURF CONDOMINIUM, INC.



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**



01042008 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 ☐

\$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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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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01/07/08-80014-018 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. BETTER

1/4/08

205-651-0444