2005 NOT-FOR-PROFIT CORPORATION

FILED Jan 31, 2005 8:00 am

	AIIIIQAE	11L1 VIII				secreta	rv of S	State	
DOCUMENT # 746380 1. Entity Name WHITE SURF CONDOMINIUM MANAGEMENT ASSOCIATION, INC.					O1-31-2005 90049 003 ****61.25				
Principal Plac 3555 S ATLA DAYTONA BE		Mailing Address 3555 S ATLANTIC AVE DAYTONA BEACH, FL 32118			 	300000.			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005 Chg-NP CR2E037 (10/03)				
City & State		City & State			4. FEI Number Applied For Not Applicable			ble	
Zip	Country 6. Name and Address of Current I	Zip	Country		5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional aquired	
		7. Name and Address of New Registered Agent							
DITOUTY DOLLO				me					
RITCHEY, DOUG 3555 S. ATLANTIC AVE. DAYTONA BEACH, FL 32118			Street A	Street Address (P.O. Box Number is Not Acceptable)					
		City			FL Zip Code				
The above named entity submits this statement for the purpose of changing its registers					J	in the Otata of Fla-			
the obligations of registered agent. SIGNATURE College									
	Filing Fee is \$61.25 Due by May 1, 2005	55.00 May Be dded to Fees		ike check paya Ia Department					
10.	OFFICERS AND DIR	ECTORS	11.			NGES TO OFFICER	S AND DIRECTO	RS IN 10	
TITLE	APP	Delete	TITLE	,	TANY		∑ Ch	ange 🔲 Additi	ion
NAME	REED, ROBERT	LE CHANGE OF	DAME -	7221	D, ROBERT	7	. Ave		
STREET ADDRESS	3555 S ATLANTI C AVE #203		STREET ADORESS		وررسه سميك	-11/2/2/2/2/2/2/			
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	DAYT	DNA BEN	ACH SHERE	, rc 32	118	
TITLE	& TREASURER	☐ Delete	TITLE					ange 🔀 Additi	ion
NAME	LANDALI, GEORGE		NAME	PAY	MOND =	LATER ATLANTI	. Are	•	
STREET ADDRESS	3555 S. ATLANTIC AVE #701		STREET ADDRESS	395	5 SOUTH	I ATCAHN			
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	DAYR	WA BEA	CH SHORE	s, FL 32	110	
TITLE	DIRECTOR	☐ Delete	TITLE				☐ Ch		ion
NAME	SEIBERT, EDWARD		NAME						
STREET ADDRESS	1105 DAPPLED ELM LANE		STREET ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP						
TITLE	DS	Delete	TITLE				☐ Ch	ange 🔲 Additi	ion
NAME OVEREZ ADOREGO	BENHAM, WILLIAM BOD	•	NAME						
STREET ADDRESS CITY-ST-ZIP	3555 S. ATLANTIC AVE. #101 DAYTONA BEACH, FL 32118		STREET ADDRESS CITY-ST-ZIP						
			-	00 11	<u> </u>				
TITLE NAME	DT BROOKY, LEWIS	- Delete	TITLE	PRESI	DENT DANDU	•	∐ Ch	ange X Additi	ion
STREET ADDRESS	3451 FOXMRADOW COURT		NAME Street adoress	JOE	471102	ATIANTIC	ANE		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	355	אוטעב כ	ATLANTIC BEACH 5 NOW	015 G 2	7118	
	, , , , , , , , , , , , , , , , , , , ,	П	1 .	UHY	IUNIA V	x / ICIN - ICUR		Cari/ P	ia-
TITLE NAME		Delete	TITLE NAME				□ Ch	ange 🔲 Additi	ЮП
STREET ADDRESS	• .	•••	STREET ADDRESS			** **			
CITY-ST-ZIP	•	**	CITY-ST-ZIP						ì
	certify that the information supplied with	this filing does not qualify for t	<u> </u>	ted in Secti		Florida Statutes 14	urther certify that	the information	
12. 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 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 concording or the receiver or truete empowered to execute this report as required by Chapter 617. Florida Statutes, and that my page agrees in Block 10 or Block 11 is									

of the corporation of the receiver of trustee empowered to execute this report is changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR