

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748134

FILED
Jul 01, 2004
Secretary of State**Entity Name:** SURF HOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8995 COLLINS AVE
SURFSIDE, FL 33154**New Principal Place of Business:**8995 COLLINS AVE
SURFSIDE, FL 33154 US**Current Mailing Address:**8995 COLLINS AVE
SURFSIDE, FL 33154**New Mailing Address:**8995 COLLINS AVE
SURFSIDE, FL 33154 US**FEI Number:** 59-1925673**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLER, MARGUERITE Z
8995 COLLINS AVE
SURFSIDE, FL 33154**Name and Address of New Registered Agent:**MILLER, MARGUERITE Z
8995 COLLINS AVE
SURFSIDE, FL 33154 US

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.

SIGNATURE: _____

07/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: STEWART, MARIJO
Address: 8995 COLLINS AVE. #601
City-St-Zip: SURFSIDE, FL 33154

Title: PD () Delete
Name: BOSCH, JOSE
Address: 8995 COLLINS AVE #202
City-St-Zip: SURFSIDE, FL 33154

Title: T () Delete
Name: HAVNES, TOM
Address: 8995 COLLINS AVE. #704
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: LOBRACCO, DIANE
Address: 8995 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: LOBRACCO, DIANE
Address: 8995 COLLINS AVE. #505
City-St-Zip: SURFSIDE, FL 33154

Title: S (X) Delete
Name: STAHL, MARY D
Address: 8995 COLLINS AVE. #305
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HAVNES, THOMAS W
Address: 8995 COLLINS AVE #704
City-St-Zip: SURFSIDE, FL 33154

Title: TD (X) Change () Addition
Name: LACLAUSTRA, EILEEN
Address: 8995 COLLINS AVE. #203
City-St-Zip: SURFSIDE, FL 33154

Title: VD (X) Change () Addition
Name: LOBRACCO, DIANE V
Address: 8995 COLLINS AVE #505
City-St-Zip: SURFSIDE, FL 33154

Title: SD (X) Change () Addition
Name: CARRAL, BERTA
Address: 8995 COLLINS AVE. 105
City-St-Zip: SURFSIDE, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. HAVNES

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date