

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748134

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: SURF HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8995 COLLINS AVE  
SURFSIDE, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

8995 COLLINS AVE  
SURFSIDE, FL 33154 US

**New Mailing Address:**

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 US

**Name and Address of New Registered Agent:**

MILLER, MARGUERITE Z MGR  
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: MARGUERITE

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAZ, CLAUDIA PRES  
Address: 8995 COLLINS AVE. #801  
City-St-Zip: SURFSIDE, FL 33154

Title: TD ( ) Delete  
Name: MURPHY, JACQUELINE TREAS.  
Address: 8995 COLLINS AVE #305  
City-St-Zip: SURFSIDE, FL 33154

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

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

Title: SD ( ) Delete  
Name: CARRAL, BERTA SEC.  
Address: 8995 COLLINS AVE. #105  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: SD (X) Change ( ) Addition  
Name: HARK, MARGUERITE SEC  
Address: 8995 COLLINS AVE #201  
City-St-Zip: SURFSIDE, FL 33154

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLAUDIA BAZ

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date