2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# 748706

Entity Name: SURF SONG RESORT CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

INC.
12960 GULF BLVD.
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

INC.
12960 GULF BLVD.
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 59-1969576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOLLIVER, TIM
12960 GULF BLVD.
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: WOLLIN, JAY
Address: 404 GLEN AVE
City-St-Zip: LAKE BLUFF, IL 60044

Title: ASD ( ) Delete
Name: WESTENDORF, WES
Address: 7810 BELLE PLAINS DR
City-St-Zip: DAYTON, OH 45424

Title: PD ( ) Delete
Name: TOLLIVER, TIM S
Address: 12960 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL

Title: TD ( ) Delete
Name: KOSTER, KENNETH,
Address: 14164 85 AVE N.
City-St-Zip: SEMINOLE, FL

Title: VD ( ) Delete
Name: DIX, NICK
Address: 5672 BELLEFOUNTAINE
City-St-Zip: HUBER HTS, OH 45424

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

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: TIM TOLLIVER PRES 05/04/2005

Electronic Signature of Signing Officer or Director — Date