## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#748706** 

FILED Apr 15, 2008 Secretary of State

Entity Name: SURF SONG RESORT CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12960 GULF BLVD. MADEIRA BEACH, FL 33708 **Current Mailing Address: New Mailing Address:** 12960 GULF BLVD. MADEIRA BEACH, FL 33708 FEI Number: 59-1969576 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOLLIVER, TIM 12960 GULF BLVD. MADEIRA BEACH, FL 33708 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRIFFIN, BRUCE Name: Name: 12960 GULF BLVD Address: Address: City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: Title: ASD () Delete Title: VD (X) Change ( ) Addition WESTENDORF, WES Name: WESTENDORF, WES Name: Address: 7810 BELLE PLAINS DR Address: 7810 BELLE PLAINS DR City-St-Zip: DAYTON, OH 45424 City-St-Zip: DAYTON, OH 45424 Title: () Delete Title: PD (X) Change ( ) Addition TOLLIVER, TIM S TOLLIVER, TIM S Name: Name: 12960 GULF BLVD 12960 GULF BLVD Address: Address: City-St-Zip: MADEIRA BEACH, FL City-St-Zip: MADEIRA BEACH, FL 33708 Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: CHARLIE BAUERLEIN, Name: DIX, NICHOLAS Address: 12960 GULF BLVD Address: 4117 COURY LANE City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: DAYTON, OH 45424 Title: VD () Delete Title: (X) Change ( ) Addition DIX, NICK DENNISON, LISA Name: Name: 5672 BELLEFOUNTAINE 7039 ASHWOOD CT Address: Address: City-St-Zip: HUBER HTS, OH 45424 City-St-Zip: SPRINGBORO, OH 45066

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: TIM S. TOLLIVER PD 04/15/2008