

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748706

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** SURF SONG RESORT CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

12960 GULF BLVD.  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

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 ( )**

**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: GRIFFIN, BRUCE  
Address: 12960 GULF BLVD  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VD ( ) 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 33708

Title: TD ( ) Delete  
Name: DIX, NICHOLAS  
Address: 4117 CORY LANE  
City-St-Zip: DAYTON, OH 45424

Title: ASD ( ) Delete  
Name: DENNISON, LISA  
Address: 7039 ASHWOOD CT  
City-St-Zip: SPRINGBORO, OH 45066

**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 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

03/09/2009

Electronic Signature of Signing Officer or Director

Date