

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752166**

1. Entity Name  
**SURF RIDER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1441 SOUTH OCEAN BLVD.  
POMPANO BEACH, FL 33062**

Mailing Address  
**1441 SOUTH OCEAN BLVD.  
POMPANO BEACH, FL 33062**



02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2263830**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LATTIMER, CLYDE N  
1441 SOUTH OCEAN BLVD.  
POMPANO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**2/17/06**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HARVEY, KEVIN  
1441 S OCEAN BLVD.  
POMPANO BEACH, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
ARCHAMBAULT, ROBERT  
1441 S. OCEAN BLVD.  
POMPANO BEACH, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
LATTIMER, CLYDE N  
1441 S OCEAN BLVD  
POMPANO BEACH, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000440031  
03/02/06-80027-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/06**

**954-785-8901**

Date

Daytime Phone