FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753666 (7)

1. Corporation Name

BLUE SURF CONDOMINIUM MANAGEMENT ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
3831 S ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32127-5701	3831 S ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32127-5701

3. Date Incorporated or Qualified: **06/07/1980**

3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business — 21: —; Suite, Apt. #, etc. — 22: —; City & State — 23: —; Zip — 24: —; Country — 25: —

2a. Mailing Address — 26: —; Suite, Apt. #, etc. — 27: —; City & State — 28: —; Zip — 29: —; Country — 30: —

4. FEI Number: **59-2102630** ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARROLL MARY L
143 WISTERIA
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	REPPERT, SANDY .		1.2 NAME	SALLY LILECK	
STREET ADDRESS	348 FAIRGREEN PL		1.3 STREET ADDRESS	631 FOREST PARK DRIVE	
CITY-ST-ZIP	CASTLEBERY FL 32707		1.4 CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	DOWLING, DUNCAN, III		2.2 NAME		
STREET ADDRESS	P.O. BOX 3427 NA		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	500001840165 -05/28/96--01019--029 ***61.25	☐ Change ☐ Addition
NAME	CUNNINGHAM, RICHARD MD		3.2 NAME		
STREET ADDRESS	623 37TH WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	RHODE, HANS		4.2 NAME	JOAN LEE	
STREET ADDRESS	3831 S. ATLANTIC AVE. UNIT 705		4.3 STREET ADDRESS	108A SOUTH BLVD	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127		4.4 CITY-ST-ZIP	EVANSTON, IL 60202	
TITLE	TD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BARTLING PHILLIP		5.2 NAME	ROBERT CHUBB	
STREET ADDRESS	1133 OAK POINT CIRCLE		5.3 STREET ADDRESS	3831 S. ATLANTIC AVE. #502	
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32127	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 4/24/96 5/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #