

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90098 011 ****61.25

DOCUMENT # 753666

1. Entity Name

BLUE SURF CONDOMINIUM MANAGEMENT ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

3831 S ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32127
US

3831 S ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32127
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2102630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, SUSAN
3831 S ATLANTIC AVE
DAYTONA BEACH SHORE FL 32127

Name

Susan L Price

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

3831 S. ATLANTIC AVE

City

D.B. Shores

FL

Zip Code

32127

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☒ Delete
NAME	DUNCAN, DAWLING	
STREET ADDRESS	1334B HARBOUR ISLAND RD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	PD	☒ Delete
NAME	JONES, SEABORN	
STREET ADDRESS	3831 S. ATLANTIC AVE. #1004	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE	SD	☒ Delete
NAME	LEE, JOAN H	
STREET ADDRESS	1216 AUDUBUN DT	
CITY-ST-ZIP	PEKIN IL 61554	
TITLE	V	☒ Delete
NAME	CROOKO, KENNETH	
STREET ADDRESS	229 CERARRIA DR	
CITY-ST-ZIP	COLUMBUS OH 43214	
TITLE	D	☒ Delete
NAME	VALDES, TERESA	
STREET ADDRESS	3831 S ATLANTIC AVE #1001	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	☒ Change ☐ Addition
NAME	DAVIDSON, SUE	
STREET ADDRESS	3831 S. ATLANTIC AVE	
CITY-ST-ZIP	D.B. Shores, FL 32127	
TITLE	PD	☒ Change ☐ Addition
NAME	WORTH, LARRY	
STREET ADDRESS	PO BOX 126	
CITY-ST-ZIP	MCINTOSH, GA. 31770	
TITLE	SD	☒ Change ☐ Addition
NAME	PRICE, SUSAN	
STREET ADDRESS	3831 S. ATLANTIC AVE	
CITY-ST-ZIP	D.B. Shores, FL 32127	
TITLE	V	☒ Change ☐ Addition
NAME	NESS, JAMES	
STREET ADDRESS	324 WEBSTER ST.	
CITY-ST-ZIP	COLUMBIA, S.C. 29330	
TITLE	D	☒ Change ☐ Addition
NAME	STRENG, HERB	
STREET ADDRESS	2220 S. 91ST ST.	
CITY-ST-ZIP	OMAHA, NE 68124	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

CR2E037 (9/01)