2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 31, 2005 8:00 am **Secretary of State DOCUMENT #753666** 1. Entity Name BLUE SURF CONDOMINIUM MANAGEMENT 01-31-2005 90077 009 ****61.25 ASSOCIATION, INC. Principal Place of Business Mailing Address 3831 S ATLANTIC AVENUE 3831 S ATLANTIC AVENUE TOTOROTOT DAYTONA BEACH SHORES, FL 32127 DAYTONA BEACH SHORES, FL 32118 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 59-2102630 City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERBERT STRENG COX, SHELLEY Street Address (P.O. Box Number is Not Acceptable) 3831 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 3831 S. ATLANTIC AU City DAYTONA BEACH 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 (NOTE: Registered Agent signeture required when reinstating) \$5.00 May Be 9. Election Campaign Financing Make check payable to Fliing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE 2 Change HERBERT STRENG 3831 SOUTH ATLANTIC AV DAVIDSON, SUSIE NAME 0601 3831 S. ATLANTIC AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32127 CITY-ST-ZIP DAYTONA BEACH FL Addition Change TITLE Deleta TITLE MIKE WILLIAMS WORN, LARRY NAME NAME P.O. BOX 128 STREET ADDRESS 536 BROAD OAK LOOP STREET ADDRESS MOULTRIE, GA 31776 CITY-ST-ZIP COTY-ST-7IP SANFORD, FL 32771 ☐ Change ☐ Addition SD 12 Delete TITLE TITLE NANCY BROCKMAN 2043 SAWGRASS DR. COX, SHELLEY NAME 3831 S. ATLANTIC AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118 CITY-ST-ZIP Chance ☐ Addition ☐ Deleta TITLE SWINSKI, JOSEPH NAME NAME 286 EVARSICLES RD STREET ADDRESS STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change □ Addition TITLE HAENSSLER, ALINE NAME MAME STREET ADDRESS 1428 SOUTH AVE APT 2 F STREET ADDRESS PLAINFIELD, NJ 07062 CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITI F Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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.

OR DIRECTOR

FILED