2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90484 016 ****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~~ 32118 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 32118 / 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 L 3831 S ATLANTIC AVE DAYTONA BEACH SHORE FL 32127	Name COX, SHELLEY Street Address (P.O. Box Number is Not Acceptable) 3831 S. ATLANTIC AVENUE City DAYTONA BEACH SHORES FL Zip Code 32118

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 * Shelley Cox 2-19-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIDSON, SUSIE 3831 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WORN, LARRY P.O. BOX 126 MOULTRIE GA 31776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PRICE, SUSAN 3831 S. ATLANTIC AVE. D.B. SHORES FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COX, SHELLEY 3831 S. ATLANTIC AVE. D.B. SHORES, FL. 32118	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NESS, JAMES 324 WEBBER RD COWPENS SC 29330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRENG, HERB 2220 S. 91 ST. OMAHA NE 68124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: * Shelley Cox SIGNATURE REQUIRED 2-19-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #