FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:25

DOCUMENT # 753976 (0)

1. Corporation Name
SURFSIDE OF PINELLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HOLIDAY, JAMES A. 11 IDLEWILD ST. CLEARWATER FL 34630-1518	~~C/O HOLIDAY, JAMES A.~~ ~~11 IDLEWILD ST.~~ ~~CLEARWATER FL 34630-1518~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1980
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2783100 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 HOLIDAY - MANAGEMENT INC
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 3007
City & State 23	City & State 28 Clearwater FL.
Zip 24 / Country 25	Zip 29 34630 / Country 30 Pinellas

9. Name and Address of Current Registered Agent

HOLIDAY, J. ARDEN
% HOLIDAY MANAGEMENT, INC.
40 DEVON DR.
CLEARWATER FL 34630

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 607.0502 and 607.1508, 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 607.0505, 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	TSD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT-ROWE	1.2 NAME	
STREET ADDRESS	14 IDLEWILD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	EMERY, ED	2.2 NAME	
STREET ADDRESS	2716 SLOCUM RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RAVENNA MI	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, KNOUSE	3.2 NAME	
STREET ADDRESS	847 W. JACKSON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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 with an address.

SIGNATURE: [signature] 2/2/95 - 813-441-2123
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0068746