

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 # 753976 (0)  
1. Corporation Name  
SURFSIDE OF PINELLAS CONDOMINIUM ASSOCIATION, IN  
C.



Principal Place of Business

Mailing Address

C/O HOLIDAY, JAMES A.  
11 IDLEWILD ST.  
CLEARWATER FL 34630-1518

HOLIDAY-MANAGEMENT INC  
P O BOX 3007  
CLEARWATER FL 34630  
US

3. Date Incorporated or Qualified  
08/27/1980

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name ROBERT B ROWE  
82 Street Address (P.O. Box Number is Not Acceptable)  
880 MANDALAY AVE #804C  
83  
84 City CLEARWATER FL 85 Zip Code 34630

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

*[Signature]*

ROBERT B ROWE / PRESIDENT

2-5-96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	ROBERT ROWE	14 IDLEWILD ST.	CLEARWATER FL	<input type="checkbox"/>
	EMERY, ED	2716 SLOCUM RD.	RAVENNA MI	<input type="checkbox"/>
	WILLIAM, KNOUSE	847 W. JACKSON BLVD.	CHICAGO IL	<input type="checkbox"/>
	MARY-HOEKSTRA	11 IDLEWILD-ST-Unit 602	CLEARWATER-FL.	<input type="checkbox"/>
	LORRIE-KRIEGER	11 IDLEWILD-ST-Unit 201	CLEARWATER-FL. 34630	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P-D					
S-D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V-D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
T-D	MARY-HOEKSTRA	11-IDLEWILD-ST-Unit 602	CLEARWATER-FL-34630	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LORRIE-KRIEGER	11IDLEWILD-ST-Unit 201	CLEARWATER-FL-34630	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, unchanged, or on an attachment with an address.

SIGNATURE: X

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

813-461-1123

Date

Daytime Phone #

CR2E037 (12/95)