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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

HOLIDAY MANAGEMENT INC
P O BOX 3007
CLEARWATER FL 34630-8007
US3. Date Incorporated or Qualified
08/27/19803a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 11 Idlewild ST
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 3614
Suite, Apt. #, etc.

4. FEI Number

59-2783100

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 Clearwater FL

City & State

28 Clearwater FL

Zip

24 34630

Country

25 Pinellas

Zip

29 34630

Country

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, ROBERT B.
880 MANDALAY AVENUE 804C
CLEARWATER
CLEARWATER FL 34630

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 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ROBERT ROWE
STREET ADDRESS 14 IDLEWILD ST.
CITY-ST-ZIP CLEARWATER FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME EMERY, ED
STREET ADDRESS 2716 SLOCUM RD.
CITY-ST-ZIP RAVENNA MI2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME WILLIAM, KNOUSE
STREET ADDRESS 847 W. JACKSON BLVD.
CITY-ST-ZIP CHICAGO IL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME HOEKSTRA, MARY
STREET ADDRESS 11 IDLEWILD STREET UNIT 602
CITY-ST-ZIP CLEARWATER FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KRIEGER, LORRIE
STREET ADDRESS 11 IDLEWILD STREET UNIT 201
CITY-ST-ZIP CLEARWATER FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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, if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

813-461-1123

Date

Daytime Phone # 0067784

CR2E037 (9/96)