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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753976

1. Corporation Name

SURFSIDE OF PINELLAS CONDOMINIUM ASSOCIATION, IN
C.

Principal Place of Business

11 IDLEWILD ST
11 IDLEWILD ST.
CLEARWATER FL 33767
US

Mailing Address

P.O. BOX 3614
P O BOX 3007
CLEARWATER FL 34630
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

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

3. Date Incorporated or Qualified

08/27/1980

4. FEI Number

59-2783100

Applied For

Not Applicable

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

33767

30

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, ROBERT B.
11 IDLEWILD ST #403
CLEARWATER FL 33767

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. #403

CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☐ DELETE

NAME EMERY, ED

STREET ADDRESS 2716 SLOCUM RD.

CITY-ST-ZIP RAVENNA MI

TITLE VD ☒ DELETE

NAME WILLIAM, KNOUSE

STREET ADDRESS 847 W. JACKSON BLVD.

CITY-ST-ZIP CHICAGO IL

TITLE S ☒ DELETE

NAME HOEKSTRA, MARY

STREET ADDRESS 11 IDLEWILD STREET UNIT 602

CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ DELETE

NAME KRIEGER, LORRIE

STREET ADDRESS 11 IDLEWILD STREET UNIT 201

CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE ROBERT ROWE / PRESIDENT 1-26-99 727-461-1123

CR2E037 (1/98)