



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90029 036 \*\*\*\*61.25

<b>DOCUMENT # 753976</b> 1. Entity Name SURFSIDE OF PINELLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O HOLIDAY ISLES 7850 ULMERTON RD., STE 1 LARGO, FL 33771 US				Mailing Address C/O HOLIDAY ISLES 7850 ULMERTON RD., STE 1 LARGO, FL 33771 US	
2. Principal Place of Business <b>11350 66th St N</b> Suite, Apt. #, etc. <b>Suite 124</b> City & State <b>Largo FL</b> Zip <b>33773</b> Country <b>Pineallas</b>		3. Mailing Address <b>11350 66th St N</b> Suite, Apt. #, etc. <b>Suite 124</b> City & State <b>Largo FL</b> Zip <b>33773</b> Country <b>Pineallas</b>			
02212005 Chg-NP CR2E037 (10/03)				4. FEI Number <b>59-2783100</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BABCOCK, ROBERT A</b> <b>7850 ULMERTON RD., STE 1</b> <b>LARGO, FL 33771</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11350 66th St N</b> <b>Suite 124</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33773</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GARY, ROBERTS 3133 W. 300 ST. TIPTON, IN 46072 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTER, ROBERT 11 IDLEWOOD STREET #401 CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROHEN, WILLIAM 11 IDLEWOOD STREET #504 CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert M Wester</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/22/05 727-548-9402 Date Daytime Phone #		