


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90033 024 ****61.25

DOCUMENT # 753976 1. Entity Name SURFSIDE OF PINELLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 11350 66TH ST N SUITE 124 LARGO, FL 33773 US		Mailing Address 11350 66TH ST N SUITE 124 LARGO, FL 33773 US	
2. Principal Place of Business - No P.O. Box # 251 WINDWARD PASS. Suite, Apt. #, etc. SUITE F City & State CLEARWATER, FL Zip 33767 Country PINELLAS		3. Mailing Address * 251 WINDWARD PASS. Suite, Apt. #, etc. SUITE F City & State CLEARWATER, FL Zip 33767 Country PINELLAS	
		01182007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2783100	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BABCOCK, ROBERT A 11350 66TH ST N SUITE 124 LARGO, FL 33773		7. Name and Address of New Registered Agent Name NOOLAS MANAGEMENT Street Address (P.O. Box-Number is Not Acceptable) 251 WINDWARD PASS. SUITE F City CLEARWATER FL Zip Code 33767	
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 <u><i>Robert Babcock</i></u> 2-13-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TSD	TITLE	PD
NAME	GARY, ROBERTS <input checked="" type="checkbox"/> Delete	NAME	BOB WESTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	223 WINDWARD PASSAGE	STREET ADDRESS	11 IDLEWILE #302
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	PD	TITLE	UPD
NAME	WESTER, ROBERT <input checked="" type="checkbox"/> Delete	NAME	BOBBY ROWE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11 IDLEWOOD STREET #401	STREET ADDRESS	11 IDLEWILE #304
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VD	TITLE	SD
NAME	ROHEN, WILLIAM <input checked="" type="checkbox"/> Delete	NAME	DIXIE RASCONA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11 IDLEWOOD STREET #504	STREET ADDRESS	11 IDLEWILE ST. #402
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Dixie Rascona</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/14/07 (727) 441-3166 <small>Date Daytime Phone #</small>	