


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90015 003 \*\*\*\*61.25

<b>DOC# 1761697</b> <b>Surf Dweller</b> <b>SURF DWELLER OWNERS ASSOCIATION, INC.</b> <b>554 Coral Court / Ft Walton B</b>		
<b>CONDOMINIUM</b> Principal Place of Business <b>554 CORAL COURT</b> <b>FT WALTON BCH, FL 32548</b>		Mailing Address <b>554 CORAL COURT</b> <b>FT WALTON BCH, FL 32548</b>

40094370



05182006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2339763		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional - Fee Required -	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional - Fee Required -	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RAHE, THEODORE D</b> <b>327 ELDREDGE RD.</b> <b>FORT WALTON BEACH, FL 32547</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, MICHAEL DR.			NAME	JACK POUS		
STREET ADDRESS	554 CORAL COURT			STREET ADDRESS	5201 Torruqa TRAIL		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	Austin TX 78731		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERRY, DAVID			NAME			
STREET ADDRESS	5825 CEDAR CHASE CT. APT Y			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63128			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLUSKEY, CLAY			NAME			
STREET ADDRESS	554 CORAL CT. #602			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	AS Theodore D RAHE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMMASELLO, STAN			NAME	327 Eldredge Rd		
STREET ADDRESS	4792 POST OAK TRIM RD			STREET ADDRESS	Ft Walton Beach FL 32547		
CITY-ST-ZIP	ROSWELL, GA 30075			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYNE, SUSAN			NAME			
STREET ADDRESS	219 PEARSON DR			STREET ADDRESS	554 CORAL CT #501		
CITY-ST-ZIP	DAWSON, GA 39842			CITY-ST-ZIP	Ft Walton Beach Fla 32548		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODGE, RICHARD			NAME	RALPH R BAUER		
STREET ADDRESS	BOX 72			STREET ADDRESS	3142 FRONT NINE DR.		
CITY-ST-ZIP	KESHENA, WI 54135			CITY-ST-ZIP	Bloomington In 47401		

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: Theodore D Rahe 5-22-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #