

FILED
May 29, 2008 8:00 am
Secretary of State

04-21-2008 90082 050 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 761697			
1. Entity Name SURF DWELLER OWNERS ASSOCIATION, INC.			
Principal Place of Business 554 CORAL COURT FT WALTON BCH, FL 32548		Mailing Address 554 CORAL COURT FT WALTON BCH, FL 32548	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2339763		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWNER, ROBERT D 222 ECHO CIRCLE FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name Kring, Judea M. Street Address (P.O. Box Number is Not Acceptable) 899 Girl Scout Rd. City Defuniak Springs FL Zip Code 32433	
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>Judea Kring</u> Signature (Print or printed name of registered agent and title if applicable)		DATE <u>4/16/08</u> (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	SHERRY, DAVID		
STREET ADDRESS	554 CORAL COURT		
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548		
TITLE	SEC	☐ Delete	
NAME	KELLEY, CHARLES		
STREET ADDRESS	651 BRAMBLEBUSH DR		
CITY-STATE-ZIP	BOWLING GREEN, KY 42103		
TITLE	TREA	☐ Delete	
NAME	POUS, JACK		
STREET ADDRESS	5201 TORTUGA TRAIL		
CITY-STATE-ZIP	AUSTIN, TX 78731		
TITLE	D	☐ Delete	
NAME	ANCHORS, LARRY		
STREET ADDRESS	970 GULF SHORE DR		
CITY-STATE-ZIP	DESTIN, FL 32541		
TITLE	D	☒ Delete	
NAME	TOMMASELLO, STAN		
STREET ADDRESS	4792 POST OAK TRUITT RD		
CITY-STATE-ZIP	ROSWELL, GA 30075		
TITLE		☐ Delete	
NAME		Director	
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME	Dick Bauer		
STREET ADDRESS	9142 Front 9 Drive		
CITY-STATE-ZIP	Bloomington, IN 47401		
TITLE		☐ Change ☒ Addition	
NAME	Mack McClelland		
STREET ADDRESS	554 Coral Court #710		
CITY-STATE-ZIP	Fort Walton Beach, FL 32548		
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>[Signature]</u>		DATE <u>4/17/08</u> 850-244-2744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	