

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761697

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** SURF DWELLER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

554 CORAL COURT  
FT WALTON BCH, FL 32548

**New Principal Place of Business:**

554 CORAL COURT  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

554 CORAL COURT  
FT WALTON BCH, FL 32548

**New Mailing Address:**

554 CORAL COURT  
FORT WALTON BEACH, FL 32548

**FEI Number:** 59-2339763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEATY, CATHY A  
26 CARL BRANDT DRIVE  
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

GOURLEY, WARREN N  
50 BEAL PARKWAY SW  
SUITE 2  
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE: WARREN N. GOURLEY

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHERRY, DAVID  
Address: 554 CORAL COURT, UNIT 511  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D  
Name: SHACKELFORD, MARIA  
Address: 537 HIGHGATE ROAD  
City-St-Zip: TROOPER, PA 19403

Title: TD  
Name: POUS, JACK  
Address: 5201 TORTUGA TRAIL  
City-St-Zip: AUSTIN, TX 78731

Title: D  
Name: KEELER, WILLIAM  
Address: 313 NE MONAHAN DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD  
Name: MCCLELLAND, HOWARD  
Address: 554 CORAL COURT, UNIT 710  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD  
Name: PAUL, LEWIS  
Address: 14 QUAIL RUN  
City-St-Zip: RANDOLPH, NJ 07869

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID SHERRY

PD

02/16/2010

Electronic Signature of Signing Officer or Director

Date