


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90212 013 ****61.25

DOCUMENT # 762718 1. Entity Name SURF N SUN CONDOMINIUM ASSOCIATION, INC.																																																																																																								
Principal Place of Business 1617 COOLING AVENUE MELBOURNE, FL 32935			Mailing Address 1617 COOLING AVENUE MELBOURNE, FL 32935																																																																																																					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																						
City & State		City & State																																																																																																						
Zip	Country	Zip	Country																																																																																																					
4. FEI Number 59-2343044				Applied For <input type="checkbox"/> Not Applicable																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 1617 COOLING STREET MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Cynthia Mays</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <i>Cynthia Mays Sec.</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <i>4/29/04</i> <small>DATE</small> </div> </div>																																																																																																								
Filing Fee is \$61.25 Due by May 1, 2004		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																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>FISCHER, CHARLES</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>973 PELICAN LANE ROCKLEDGE, FL 32955</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STD EILER, SUZANNE</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>115 DELEON DRIVE COCOA BEACH, FL 32931</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PD TEED, LISA</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>490 S ORLANDO AVE #6 COCOA BEACH, FL 32931</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PD LINDA MAXWELL</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>490 S. ORLANDO AVE. #20 COCOA BEACH, FL 32932</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VP JANICE CARTER</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8916 BRACKENWOOD DR. ORLANDO, FL 32829</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STD LISA TEED</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>490 S. ORLANDO AVE. #6 COCOA BEACH, FL 32931</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	FISCHER, CHARLES	<input checked="" type="checkbox"/>	CITY-ST-ZIP	973 PELICAN LANE ROCKLEDGE, FL 32955		TITLE	NAME	Delete	STREET ADDRESS	STD EILER, SUZANNE	<input checked="" type="checkbox"/>	CITY-ST-ZIP	115 DELEON DRIVE COCOA BEACH, FL 32931		TITLE	NAME	Delete	STREET ADDRESS	PD TEED, LISA	<input checked="" type="checkbox"/>	CITY-ST-ZIP	490 S ORLANDO AVE #6 COCOA BEACH, FL 32931		TITLE	NAME	Delete	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			TITLE	NAME	Delete	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			TITLE	NAME	Delete	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS	PD LINDA MAXWELL	<input checked="" type="checkbox"/> <input type="checkbox"/>	CITY-ST-ZIP	490 S. ORLANDO AVE. #20 COCOA BEACH, FL 32932		TITLE	NAME	Change Addition	STREET ADDRESS	VP JANICE CARTER	<input checked="" type="checkbox"/> <input type="checkbox"/>	CITY-ST-ZIP	8916 BRACKENWOOD DR. ORLANDO, FL 32829		TITLE	NAME	Change Addition	STREET ADDRESS	STD LISA TEED	<input checked="" type="checkbox"/> <input type="checkbox"/>	CITY-ST-ZIP	490 S. ORLANDO AVE. #6 COCOA BEACH, FL 32931		TITLE	NAME	Change Addition	STREET ADDRESS		<input type="checkbox"/> <input type="checkbox"/>	CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS		<input type="checkbox"/> <input type="checkbox"/>	CITY-ST-ZIP		
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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.																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Linda Maxwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <i>4/28/04</i> <small>Date</small> </div> <div style="width: 35%;"> <i>321/723-4222X126</i> <small>Daytime Phone #</small> </div> </div>																																																																																																								

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