


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 024 ***61.25

DOCUMENT # 766297		
1. Entity Name SALTY SURF CLUB CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business WIEBEL & HENNELLS, P.A. 9240 BONITA BEACH RD. BONITA SPRINGS, FL 34135 US	Mailing Address P.O. BOX 1658 BONITA SPRINGS, FL 33923 US
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50030411

2. Principal Place of Business <i>Wiebel, Hennells + Connel, P.A.</i> Suite, Apt. #, etc. <i>9420 Bonita Beach Rd #200</i>	3. Mailing Address Suite, Apt. #, etc.
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City & State <i>Bonita Springs, FL</i>	City & State
Zip <i>34135</i>	Country <i>US</i>

03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2338943	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOFT, ROBERT V 9751 MONTANA COURT BONITA SPRINGS, FL 34135	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFT, ROBERT V 9751 MONTANA COURT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>27589 Imperial Shores Blvd. Bonita Springs, FL 34134</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'CONNOR, DON 26190 HICKORY BLVD. #4 BONITA SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOFT, JOAN 9751 MONTANA CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>27589 Imperial Shores Blvd. Bonita Springs, FL 34134</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Robert V. Loft* 11 MARCH 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #