

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 766297

1. Entity Name
SALTY SURF CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**WIEBEL, HENNELLS, & CARUFE P.A.
9420 BONITA BEACH RD. #200
BONITA SPRINGS, FL 34135 US**

Mailing Address
**P.O. BOX 1658
BONITA SPRINGS, FL 33923 US**

DO NOT WRITE IN THIS SPACE



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2338943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOFT, ROBERT V
9751 MONTANA COURT
BONITA SPRINGS, FL 34135**

**DO NOT WRITE
IN THIS SPACE**

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

Robert Valentini
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/10/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOFT, ROBERT V
STREET ADDRESS 27589 IMPERIAL SHORES BLVD
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE STD
NAME O'CONNOR, DON
STREET ADDRESS 26190 HICKORY BLVD. #4
CITY-ST-ZIP BONITA SPRINGS, FL

TITLE VPD
NAME LOFT, JOAN
STREET ADDRESS 27589 IMPERIAL SHORES BLVD
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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000000432091
02/23/06-80055-016 61.25

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IN THIS SPACE**

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:

Robert Valentini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06
Date

Daytime Phone #