


# 2007 NOT-FOR-PROFIT CORPORATION. ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90178 042 \*\*\*\*61.25

<b>DOCUMENT # 766859</b>	
1. Entity Name	
SURF VILLAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
200 EXECUTIVE WAY SUITE 111 PONTE VEDRA BEACH FL 32082 US	PO BOX 2055 PONTE VEDRA BEACH FL 32004



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

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-2458273	Not Applicable

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		7. Name and Address of New Registered Agent	
EWING, JOHN T 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA BEACH FL 32082		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRAY, ANDREA	NAME	MARIA JACKSON
STREET ADDRESS	789 QUEENSHARBOR BLVD	STREET ADDRESS	3 FIR TREE LANE
CITY- ST- ZIP	JACKSONVILLE FL 32225-4908	CITY- ST- ZIP	ASHEVILLE, NC 28803
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEMAN, WANDA	NAME	PAT JEREMIAH
STREET ADDRESS	628 SUMMER PLACE	STREET ADDRESS	6749 PINCANYON RD.
CITY- ST- ZIP	PONTE VEDRA BEACH FL 32082	CITY- ST- ZIP	JACKSONVILLE, FL 32207
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPTAK, WALTER	NAME	JOHN CASTORINA
STREET ADDRESS	3205 OLD BARN CT	STREET ADDRESS	116 INDIAN COVE LANE
CITY- ST- ZIP	PONTE VEDRA BEACH FL 32082	CITY- ST- ZIP	PONTE VEDRA, FL 32082
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPTAK, WALTER	NAME	CHARLES ASENCIO
STREET ADDRESS	3205 OLD BARN CRT	STREET ADDRESS	711 W. MELISSA CT.
CITY- ST- ZIP	PONTE VEDRA BEACH FL 32082	CITY- ST- ZIP	YAROLEY, PA 19067
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONNQUIST, CHESTER	NAME	
STREET ADDRESS	18 OVERLOOK DRIVE	STREET ADDRESS	
CITY- ST- ZIP	BERKLEY HEIGHTS NJ 07922	CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERING, LINDSAY	NAME	
STREET ADDRESS	332 N SEA LAKE LANE	STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL 32082	CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Andrea Pray* **ANDREA PRAY** 4/15/07 904-280-7616