2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767078

FILED Jun 27, 2005 Secretary of State

Entity Name: SURREY WOODS TOWNHOME ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2820-D STONEWAY LANE 909 W. MIDWAY ROAD FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 US LIS **Current Mailing Address: New Mailing Address:** % NANCY GRIECO 2834 B STONEWAY FT. PIERCE, FL 34982 US FEI Number: 59-2476982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIECO, NANCY GRIECO, NANCY 2820-D STONEWAY LANE 909 W MIDWAY ROAD FORT PIERCE, FL 34982 US US FORT PIERCE, FL 34982 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: NANCY GRIECO 06/27/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GRIECO, NANCY DARTEZ, VERNA Name: Name: 2820-D STONEWAY LANE Address: 2813 STONEWAY LANE Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: Title: () Delete () Change () Addition Name: HANLON, SHARON Name: Address: 2819-C STONEWAY LANE Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAVIDSON, DOROTHY R Name: STALLS, VICTORIA Name: 2816-C STONEWAY LN 2823 STONEWAY LANE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition Name: WOLSKA, SWYLVIA Name: Address: 2830-A STONEWAY LANE Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NANCY GRIECO D 06/27/2005