2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767078

FILED Jun 22, 2006 Secretary of State

Entity Name: SURREY WOODS TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 909 W. MIDWAY ROAD FORT PIERCE, FL 34982 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 909 W MIDWAY ROAD FORT PIERCE, FL 34982 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DARTEZ, VERNA LOPEZ, CHRISTINIA Name: Name: 2813 STONEWAY LANE Address: 2821- C STONEWAY LANE Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 (X) Change () Addition Title: Title: D/Т () Delete HANLON, SHARON Name: HANLON, SHARON Name: Address: 2819-C STONEWAY LANE Address: 2819-C STONEWAY LANE City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition STALLS, VICTORIA Name: Name: 2823 STONEWAY LANE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: (X) Change () Addition Title: () Delete Title: D/S WOLSKA, SWYLVIA Name: Name: WILLIAMS, BEVERLY 2830-A STONEWAY LANE Address: Address: 2822-C STONEWAY LANE City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change (X) Addition JERMAN, GEORGE Name: Name: 2815-A STONEWAY LANE Address: Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 RA 06/22/2006