## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #769273**

## FILED Feb 09, 2006 8:00 am Secretary of State

1. Entity Name SURFSIDE ELEMENTARY P.T.O., INC.							02-09-2006	90027 03:	1 ****61	.25
Principal Place of Business 475 CASSIA BLVD SATELLITE BEACH, FL 32937  Meiling Address 475 CASSIA BLVD SATELLITE BEACH, FL				L 32937			umis (8113 1901) 18008 emi	ı sısık sıstı stâlî ê	Plati Plati Blati	121 <b>4. A.</b> A
2. Principal Pt	ace of Busin	ness	3. Mailing Address	ing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037	(11/05)	
City & State			City & State	City & State			5512			olied For Applicable
Zip	Zip Country		Zip	Country			of Status Desired	F(	8.75 Addi se Required	
6. Name and Address of Current Registered Agent					Name and Address of New Registered Agent					
MALAC, THERESA L 132 ISLAND VIEW DR SATELLITE BEACH, FL 32937					Name Street Address (P.O. Box Number is Not Acceptable)					
					ity			FL	Zip Code	,
	named entitions of regis	ty submits this statement fo tered agent.	r the purpose of changing	its registered of	ffice or registe	red agent, or bot	h, in the State of Flo	orida. I am fa	miliar with, a	and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title if applicable. (N	IOTE: Registered Age	ent agnature require	d when renstzing)		DATE		
-2	_	ee is \$61.25 May 1, 2006		Campaign Finan d Contribution.	ncing	\$5.00 May B Added to Fees		take check ; rida Departa		
10.	_		Trust Fun			Added to Fees		rida Departr	nent of St	ate
	V LEARY, F	OFFICERS AND DI	Trust Fun	d Contribution.	DORESS	Added to Fees	Flor	rida Departr RS AND DIRE	nent of St	ate
10. TITLE NAME STREET ADDRESS	V LEARY, F 710 ROB SATELLI P TOM, ED 657 N HE	OFFICERS AND DIS OFFICERS AND DIS KIM IN WAYS TE BEACH, FL 32937	Trust Fun	11. TITLE NAME STREET AD	DOGRESS ZIP	Added to Fees	Flor	rida <b>Depart</b> r	CTORS IN	ate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V LEARY, F 710 ROB SATELLF P TOM, ED 657 N HE SATELLF S KINGSLE 496 ST J	OFFICERS AND DIE  KIM IN WAYS TE BEACH, FL 32937  PITH EDGECOCK SQUARE	Trust Fun	TILE NAME STREET AD CITY-ST-I TILE NAME STREET AT TILE NAME STREET AT	DODRESS ZIP V Kin	Added to Fees ADDITIONS/CHA	Floi	RS AND DIRE	CTORS IN Change	ate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	V LEARY, F 710 ROB SATELLE P TOM, ED 657 N HE SATELLE S KINGSLE 496 ST J SATELLE T MALAC, 132 ISLA	OFFICERS AND DIE  CIM IN WAYS TE BEACH, FL 32937  OTH EDGECOCK SQUARE TE BEACH, FL 32937  EY, JEANNE OHNS DR.	Trust Fun  ECTORS  Delete	TILE NAME STREET AD CITY-SI TITLE NAME STREET AD CITY-SI TITLE NAME STREET AE CITY-SI	DOORESS ZIP  DOORESS ZIP  V KIA SA-1  DORESS ZIP  DORESS ZIP	Added to Fees ADDITIONS/CHA	Flor	rida Departr	CTORS IN Change	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEARY, F 710 ROB SATELLE P TOM, ED 657 N HE SATELLE S KINGSLE 496 ST J SATELLE T MALAC, 132 ISLA SATELLE	OFFICERS AND DIE  CIM IN WAYS TE BEACH, FL 32937  OTH EDGECOCK SQUARE TE BEACH, FL 32937  EY, JEANNE OHNS DR. TE BEACH, FL 32937  THERESA L. IND VIEW DR	Trust Fun  AECTORS  Delete  Delete  Delete  Delete	TILE NAME STREET AD CITY-ST-I TITLE NAME	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  SATI	Added to Fees ADDITIONS/CHI  OF ST. JO  TELLITE  OE, FLOR  GLENWOOD  ELLITE B	Flor ANGES TO OFFICE  TEANNE HNS DR. BEACH, F	L 3293	CTORS IN Change  Change  Change  Change  Change	10 Addition Addition Addition Addition

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: SIGNATURE AND TYPED OR PROVIDED NAME OF BIGHNING OFFICER OR DIRECTOR 2/7/2006 321-779-1842 Davine Prone #