

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N02000003628

Entity Name: SURF CLUB II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

21 OLD KINGS ROAD  
SUITE B101  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

220 BROADWAY  
LYNNFIELD, MA 01940

**New Mailing Address:**

FEI Number: 20-0227483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIUMENTO, MICHAEL D  
CHIUMENTO & EMERY  
4 OLD KINGS ROAD NORTH  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: KAAAN, VALERIE  
Address: 220 BROADWAY  
City-St-Zip: LYNNFIELD, MA 01940

Title: VD ( ) Delete  
Name: HARKINS, WILLIAM  
Address: 21 OLD KINGS ROAD, SUITE B101  
City-St-Zip: PALM COAST, FL 32137

Title: STD ( ) Delete  
Name: ROBINSON, GREG  
Address: 21 OLD KINGS ROAD, SUITE B101  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: VALERIE E KAAAN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date