


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90095 039 \*\*\*\*61.25

**DOCUMENT # N02000009104**  
 1. Entity Name  
 SURF CLUB III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 60 SURFVIEW DR  
 PALM COAST, FL 32137

Mailing Address  
 P.O. BOX 355030  
 PALM COAST, FL 32137

**DO NOT WRITE IN THIS SPACE**

40100500



04162007 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-1067312                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent  
 RON BROWN - DOBSON & BROWN  
 93 ORANGE ST  
 SAINT AUGUSTINE, FL 32084

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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>NEAL, PAM<br>60 SURFVIEW DR #615<br>PALM COAST, FL 32137           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STRAWN, BILL<br>2668 SW 103RD ST<br>GAINESVILLE, FL 32607            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>NEWKIRK, LARRY<br>3066 BEAUCLERE OAKS DR S<br>JACKSONVILLE, FL 32257 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Pamela Neal 4/30/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #