



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90027 043 ****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					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 20-1067312			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RON BROWN - DOBSON & BROWN 93 ORANGE ST SAINT AUGUSTINE, FL 32084			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NEAL, PAM		NAME				
STREET ADDRESS	60 SURFVIEW DR #615		STREET ADDRESS				
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STRAWN, BILL		NAME				
STREET ADDRESS	2668 SW 103RD ST		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NEWKIRK, LARRY		NAME				
STREET ADDRESS	3066 BEAUCLERE OAKS DR S		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	VP Becky Lindsay			
STREET ADDRESS			STREET ADDRESS	10112 Duffy Circle			
CITY-ST-ZIP			CITY-ST-ZIP	Bradenville, FL 34403			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	See Nancy Gallagher			
STREET ADDRESS			STREET ADDRESS	12473-37 Riva Glen Row			
CITY-ST-ZIP			CITY-ST-ZIP	San Diego, Ca 92111			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			Date: 1/27/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				

PCL XL error

Subsystem: KERNEL
Error: IllegalTag
Operator: 0x30
Position: 2380

ATTACHMENT
400/6082

#NO2000009104

ENTERED

PAID

CK. NO. 2071
DATE 1-21-08