

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90033 030 \*\*\*\*61.25

**DOCUMENT # N03000006046**

1. Entity Name  
**SURFSIDE ESTATES OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**209 7TH STREET  
PORT ST. JOE, FL 32456**

Mailing Address  
**209 7TH STREET  
PORT ST. JOE, FL 32456**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*same*

Suite, Apt. #, etc.

**1934 CR 30**

Suite, Apt. #, etc.

04062007 Chg-NP CR2E037 (12/06)

City & State

**Port St. Joe, FL**

City & State

4. FEI Number  
**83-0420444**

Applied For  
Not Applicable

Zip  
**32456**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRELL, JOSEPH P JR  
GULF COAST PROPERTY SERVICES, LLC  
209 7TH STREET  
PORT ST. JOE, FL 32456**

Name **Robyn A. Rennick**

Street Address (P.O. Box Number is Not Acceptable)

**Sunset Bay Management Group, LLC  
1934 CR 30**

City **Port St. Joe**

**FL**

Zip Code  
**32456**

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.

*Robyn A Rennick*

SIGNATURE

*Robyn A Rennick Association Manager*

**4-6-07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALENDINE, DOUGLAS 157 PEBBLE BEACH AVE. PORT ST. JOE, FL 32456 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HILL, HENRY 206 SOUTH MONROE AVE. PICAYUNE, MS 39466 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FABREGA, JOHN 3400 BIRCHWOOD MANOR TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres HILL, HENRY 206 SOUTH MONROE AVE PICAYUNE, MS 39466 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Patricia Hardman 123 Mariner Lane Port St. Joe FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nancy O'Rourke PO Box 102 Port St. Joe, FL 32457 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gary Morten 4861 Kingswood Dr Roswell, Ga 30075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Robyn A Rennick* **Robyn A Rennick** **4-6-07** **(850) 527-4671**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #