

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03144** (5)

1. Corporation Name

SURFSIDE OWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:54

Principal Place of Business Mailing Address
4701 HIGHWAY 90 EAST DESTIN FL 32541 4701 HIGHWAY 90 EAST DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/16/1984** 3a. Date of Last Report **03/17/1994**
4. FEI Number **59-2888216** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1096 Old Highway 98** 26 **1096 Old Highway 98**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Su. C-101** 27 **Su. C-101**
City & State City & State
23
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
REGISTER JOE R
4701 HWY 90 E
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1096 Old Highway 98**
83 **Unit 911**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE *Joe Register* **JOE REGISTER PRESIDENT** **01-18-95**
(NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGISTER, JOE R | 1.2 NAME | |
| STREET ADDRESS | 4701 HWY 90 E UNIT 011 | 1.3 STREET ADDRESS | 1096 Old Highway 98 Unit 911 |
| CITY-ST-ZIP | DESTIN FL | 1.4 CITY-ST-ZIP | Destin, FL 32541 |
| TITLE | VPD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCANINCH, W B | 2.2 NAME | |
| STREET ADDRESS | UNIT 011; 4701 HWY 90 E | 2.3 STREET ADDRESS | 1096 Old Highway 98 Unit 811 |
| CITY-ST-ZIP | DALTON GA | 2.4 CITY-ST-ZIP | Destin, FL 32541 |
| TITLE | STD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE, SHIRLEY | 3.2 NAME | |
| STREET ADDRESS | UNIT 1000; 4701 HWY 90 E | 3.3 STREET ADDRESS | Beuoy, Pat |
| CITY-ST-ZIP | HOUSTON TX | 3.4 CITY-ST-ZIP | 1096 Old Highway 98 Unit 1610 |
| TITLE | D | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWNING, RUSSELL L | 4.2 NAME | |
| STREET ADDRESS | UNIT 1600; 4701 HWY 90 E | 4.3 STREET ADDRESS | 1096 Old Highway 98 Unit 1608 |
| CITY-ST-ZIP | DESTIN FL | 4.4 CITY-ST-ZIP | Destin, FL 32541 |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONNAR, RUTH | 5.2 NAME | |
| STREET ADDRESS | UNIT 303; 4701 HWY 90 E | 5.3 STREET ADDRESS | 1096 Old Highway 98 Unit 303 |
| CITY-ST-ZIP | DESTIN FL | 5.4 CITY-ST-ZIP | Destin, FL 32541 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joe R. Register* **1-18-94** (904) 837-5632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE