

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N03144**

1. Corporation Name
SURFSIDE OWNERS ASSOCIATION, INC.

Principal Place of Business: 1096 Old Highway 98, Suite C 101, Destin FL 32541, US
Mailing Address: P.O. Box 6417, Destin FL 32541, US

3. Date Incorporated or Qualified: **5/16/1984**
3a. Date of Last Report: **0203095**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt #, etc	26. Suite, Apt #, etc	59-2888216	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHN E. PUCKETT	81. Name: JOHN E. PUCKETT
	82. Street Address (P.O. Box Number is Not Acceptable): 1096 OLD HWY 98
	83. SUITE C102B
	84. City: DESTIN FL 85. Zip Code: 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, 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 and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: REGISTER, JOE R.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: REGISTER, JOE R.		1.2 NAME	
STREET ADDRESS: 1096 Old Highway 98, Unit 911		1.3 STREET ADDRESS	
CITY-ST-ZIP: Destin FL 32541		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCANINCH, W. B.		2.2 NAME	
STREET ADDRESS: 1096 Old Highway 98, Unit 811		2.3 STREET ADDRESS	
CITY-ST-ZIP: Destin FL 32541		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BEUOY, PAT		3.2 NAME	
STREET ADDRESS: 1096 Old Highway 98, Unit 1610		3.3 STREET ADDRESS	
CITY-ST-ZIP: Destin FL 32541		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BROWNING, RUSSELL L.		4.2 NAME	
STREET ADDRESS: 1096 Old Highway 98, Unit 1608		4.3 STREET ADDRESS	
CITY-ST-ZIP: Destin FL 32541		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DONNAR, RUTH		5.2 NAME	
STREET ADDRESS: 1096 Old Highway 98, Unit 303		5.3 STREET ADDRESS	
CITY-ST-ZIP: Destin FL 32541		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		6.2 NAME	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP	

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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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* JOE REGISTER, PRESIDENT Date: 3-25-96 Daytime Phone #: (904) 837-4700

CR2E037 (12/95)