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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N03144 (5)
1. Corporation Name
SURFSIDE OWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
1096 OLD HIGHWAY 98 SU. C-101 DESTIN FL 32541 US		PO BOX 6417 DESTIN FL 32541	
21	2a. Mailing Address	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	27	
City & State		City & State	
23	28	28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
05/16/1984

4. FEI Number
59-2888216

Applied For
 Yes 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ADAMSKI, SANDRA
1096 OLD HWY 98
SUITE C-102B
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
Lewis, Leyda

82 Street Address (P.O. Box Number is Not Acceptable)
1096 Old Hwy 98

83
Ste. C-102B

84 City
Destin FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2-1-98

12. OFFICERS AND DIRECTORS

TITLE	PD REGISTER, JOE R	<input type="checkbox"/> DELETE
NAME	1096 OLD HIGHWAY 98 UNIT 911	
STREET ADDRESS	DESTIN FL 32541	
CITY-ST-ZIP		
TITLE	V MCANINCH, W.B.	<input checked="" type="checkbox"/> DELETE
NAME	1096 OLD HWY. 98, UNIT 811	
STREET ADDRESS	DESTIN FL	
CITY-ST-ZIP		
TITLE	T MURPHY, B.D.	<input type="checkbox"/> DELETE
NAME	510 WHITE OAKS DRIVE	
STREET ADDRESS	NEWMAN GA	
CITY-ST-ZIP		
TITLE	D BROWNING, RUSSELL L	<input checked="" type="checkbox"/> DELETE
NAME	1096 OLD HIGHWAY 98 UNIT 1808	
STREET ADDRESS	DESTIN FL 32541	
CITY-ST-ZIP		
TITLE	S DONNAR, RUTH	<input type="checkbox"/> DELETE
NAME	1096 OLD HIGHWAY 98 UNIT 303	
STREET ADDRESS	DESTIN FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V Abee, Billy J.
2.3 STREET ADDRESS	unit 1011, 1096 Old Hwy 98
2.4 CITY-ST-ZIP	Destin, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T Rapier, Donald L.
3.3 STREET ADDRESS	1096 Old Hwy 98, unit 1411
3.4 CITY-ST-ZIP	Destin, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Murphy, B.D.
4.3 STREET ADDRESS	510 White Oak Dr
4.4 CITY-ST-ZIP	Newman, Ga
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, trustee, or 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]*

CR2E037 (10/97)