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04-29-1999 90101 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03144

1. Corporation Name

SURFSIDE OWNERS ASSOCIATION, INC.

Principal Place of Business

1096 OLD HIGHWAY 98
 SU. C-101
 DESTIN FL 32541
 US

Mailing Address

PO BOX 6417
 DESTIN FL 32541



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 155 Poinciana Blvd
 Suite, Apt. #, etc.

27 City & State

28 DESTIN FL

29 Zip 30 Country

32541

3. Date Incorporated or Qualified

05/16/1984

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

9. Name and Address of Current Registered Agent

LEWIS, LEYDA
 1096 OLD HWY 98 #C-1028
 DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: WALTER D. SLOTT
 82 Street Address (P.O. Box Number is Not Acceptable): 155 Poinciana Blvd
 83
 84 City: DESTIN FL 85 Zip Code: 32541

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/18/99

12. OFFICERS AND DIRECTORS

TITLE: PD DELETE
 NAME: REGISTER, JOE F
 STREET ADDRESS: 1096 OLD HIGHWAY 98 UNIT 911
 CITY-ST-ZIP: DESTIN FL 32541

TITLE: V DELETE
 NAME: ABEE, BILLY J
 STREET ADDRESS: 1096 OLD HWY 98 #1011
 CITY-ST-ZIP: DESTIN FL

TITLE: T DELETE
 NAME: MURPHY, B.D.
 STREET ADDRESS: 510 WHITE OAKS DRIVE
 CITY-ST-ZIP: NEWMAN GA

TITLE: D DELETE
 NAME: MURPHY, B. D.
 STREET ADDRESS: 510 WHITE OAK DR
 CITY-ST-ZIP: NEWMAN GA 32541

TITLE: S DELETE
 NAME: DONNAR, RUTH
 STREET ADDRESS: 1096 OLD HIGHWAY 98 UNIT 303
 CITY-ST-ZIP: DESTIN FL

TITLE: T DELETE
 NAME: RAPIER, DONALD L
 STREET ADDRESS: 1096 OLD HWY 98 #1411
 CITY-ST-ZIP: DESTIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD Change Addition
 1.2 NAME: Eleanor Huddad
 1.3 STREET ADDRESS: 1096 Old Highway 98 #1212
 1.4 CITY-ST-ZIP: Destin, FL 32541

2.1 TITLE: VB Change Addition
 2.2 NAME: Robert Sullivan
 2.3 STREET ADDRESS: 1096 Old Highway 98 #1403
 2.4 CITY-ST-ZIP:

3.1 TITLE: SB Change Addition
 3.2 NAME: R. Russell C. Browning
 3.3 STREET ADDRESS: 1096 Old Highway 98 #1003
 3.4 CITY-ST-ZIP: DESTIN FL 32541

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

5.1 TITLE: D Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

6.1 TITLE: Change 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 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, with all other like empowered.

SIGNATURE: *Eleanor Huddad* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: FEB-26, 1999 DAYTIME PHONE #: 654-0067

CR2E037 (11/98)