## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # NO3144 May 16, 2000 8:00 am Secretary of State 1. Entity Name SURFSIDE OWNERS ASSOCIATION, INC. 05-16-2000 90148 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 1096 OLD HIGHWAY 98 155 POINCIANA BLVD SU. C-101 **DESTIN FL 32541-4037** DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FE! Number Applied For 59-2888216 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **541** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) SCOTT, WALTER D 155 POINCIANA BLVD DESTIN FL 32541 City Zip Code ろとちて』 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 SIGNATURE Signature, type (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ជ Delete TITLE ☐ Change NAME HADDAD, ELEANOR -NAME STREET ADDRESS STREET ADDRESS 1096 OLD HIGHWAY 98 #1212 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Delete TITLE ☐ Change SULLIVAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1096 OLD HIGHWAY 98 #1403 CITY-ST-7IP CITY-ST-7(P DESTIN FL 32541 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME BROWNING, RUSSELL L NAME STREET ADDRESS 1096 OLD HIGHWAY 98 #1603 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 TITLE TITLE Change ☐ Addition Delete DONNAR, RUTH NAME STREET ADDRESS 1096 OLD HIGHWAY 98 UNIT 303 STREET ADDRESS CITY-ST-ZIP DESTIN FL CITY-ST-ZIP D☐ Delete TITLE Change ☐ Addition rapier, donald l NAME STREET ADDRESS 1096 OLD HWY 98 #1411 STREET ADDRESS CITY-ST-ZIP Destin Fl CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #