

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 12, 2001 8:00 am
Secretary of State

01-23-2001 90056 039 ****61.25

DOCUMENT # N03144
 1. Entity Name
SURFSIDE OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 10221 HWY. 98 WEST 10221 HWY. 98 WEST
 #23 #23
 DESTIN FL 32541 DESTIN FL 32541
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2888216 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Emerald Coast Association mgt.
GELDER, JAY B
10221 HWY. 98 WEST
#23
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

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: *Jay B Gelder* DATE: **1/29/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GNOTEK, JOHN 1096 OLD HIGHWAY 98 #908 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, ROBERT 1096 OLD HIGHWAY 98 #1403 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWNING, RUSSELL L 1096 OLD HIGHWAY 98 #1603 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAPIER, DONALD L 1096 OLD HWY 98 #1411 DESTIN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES P O BOX 1505 DALTON GA 30722	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JAY B GELDER* **JAN 9, 2001** **837-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)