

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 24, 2004
Secretary of State**

DOCUMENT# N03144

Entity Name: SURFSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 HWY. 98 WEST
#23
DESTIN, FL 32550 US

New Principal Place of Business:

10221 EMERALD COAST PKWY WEST
#23
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

10221 HWY. 98 WEST
#23
DESTIN, FL 32550 US

New Mailing Address:

10221 EMERALD COAST PKWY WEST
#23
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-2888216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY W
#23
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY W
#23
MIRAMAR BEACH, FL 32550 US

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: _____ Date: 02/24/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GHOTEK, JOHN
Address: 1395 OLD HWY 98
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: FREEMAN, MIKE
Address: 82 LOANING PINES LOOP
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: KIRKLAND, CRAIG
Address: 4375 HOUTREE DR
City-St-Zip: LOUISVILLE, KY 40241

Title: TD () Delete
Name: RAPIER, DONALD L
Address: 1096 OLD HWY 98 #1411
City-St-Zip: DESTIN, FL

Title: D () Delete
Name: DAVIS, JAMES
Address: P O BOX 1505
City-St-Zip: DALTON, GA 30722

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GNOTEK, JOHN
Address: 1096 SCENIC GULF DRIVE #908
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: SD (X) Change () Addition
Name: FREEMAN, MIKE
Address: 82 LEANING PINES LOOP
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: KIRKLAND, CRAIG
Address: 4375 HOLLYTREE DR
City-St-Zip: LOUISVILLE, KY 40241

Title: TD (X) Change () Addition
Name: RAPIER, DONALD L
Address: 14500 MONDOUBLEA LANE
City-St-Zip: FLORISSANT, MO 63034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GNOTEK PD Date: 02/24/2004
Electronic Signature of Signing Officer or Director