

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 27, 2005  
Secretary of State

DOCUMENT# N03144

Entity Name: SURFSIDE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BASS, PAM  
Address: 15400 EMERALD COAST PKWY, #1002  
City-St-Zip: DESTIN, FL 32541

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

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

Title: D (X) Change ( ) Addition  
Name: GRAHAM, BOB  
Address: 1096 SCENIC GULF DRIVE #902  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: DP (X) Change ( ) Addition  
Name: DAVIS, JAMES  
Address: P O BOX 1505  
City-St-Zip: DALTON, GA 30722

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: JAMES DAVIS

PD

01/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date