

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006
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:

1096 SCENIC GULF DR.
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

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

New Mailing Address:

1096 SCENIC GULF DR.
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-2888216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

ANDERSON, BRUCE
195 GRAND BLVD. SUITE 200
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: BRUCE ANDERSON

08/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: DP () 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: SHERLING, LOU ANN
Address: 1096 SCENIC GULF DR. #602
City-St-Zip: DESTIN, FL 32550

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

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

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

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 Chapter 119, 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: BRETT BURMANN

GM

08/16/2006

Electronic Signature of Signing Officer or Director

Date