2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03144

FILED Jan 29, 2008 Secretary of State

Entity Name: SURFSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1096 SCENIC GULF DR

MIRAMAR BEACH, FL 32550 US

Current Mailing Address: New Mailing Address:

1096 SCENIC GULF DR. C-101

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: Name and Address of New Registered Agent:

ANDERSON, BRUCE 200 GRAND BLVD. SUITE 205A

MIRAMAR BEACH, FL 32550 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SHERLING, LOU ANN KIRCHNER, RICHARD Name: Name:

3171 GREEN VALLEY RD #101 Address: 1096 SCENIC GULF DR UNIT 408 Address: City-St-Zip: BIRMINGHAM, AL 35243 US City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: Title: () Delete () Change () Addition

SMITH, KEITH Name: Name: Address: 382 3RD AVE. Address: City-St-Zip: WINDER, GA 30680 US City-St-Zip:

Title: () Delete Title: () Change () Addition

KIRKLAND, CRAIG Name: Name: 4375 HOLLYTREE DR Address: Address: City-St-Zip: LOUISVILLE, KY 40241 US City-St-Zip:

Title: DVP () Delete Title: (X) Change () Addition

GRAHAM, BOB Name: Name: OWENS, JOHN 1096 SCENIC GULF DRIVE #902 3086 O'BRIEN DRIVE Address: Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: TALLAHASSEE, FL 32309

Title: DΡ () Delete Title: (X) Change () Addition

DAVIS, JAMES ADAMSON, DENNIS Name: Name: P O BOX 1505 777 INDIGO LOOP NORTH Address: Address: City-St-Zip: DALTON, GA 30722 US City-St-Zip: MIRAMAR BEACH, FL 32550 US

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS ADAMSON SEC 01/29/2008