


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90068 027 \*\*\*\*61.25

<b>DOCUMENT # N05000011021</b>					
<b>1. Entity Name</b> SURF BEACH RESORT CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11040 GULF BLVD TREASURE ISLAND, FL 33706			<b>Mailing Address</b> C/O COMPREHENSIVE MGMT 10575 68TH AVE B3 SEMINOLE, FL 33772		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-3690271	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GRAHAM, DONALD V 10575 68TH AVE N B3 SEMINOLE, FL 33772			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> BORA, TOM	<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Bora, Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 11365 9TH ST E	SAINT PETERSBURG, FL 33706		<b>STREET ADDRESS</b> 11365 9th St E	Treasure Island, FL 33706	
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33706		<b>CITY-ST-ZIP</b>	Treasure Island, FL 33706	
<b>TITLE</b> VPD	<b>NAME</b> YURASKO, FRANK	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Weisman, Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 16326 GULF BLVD 502	SAINT PETERSBURG, FL 33708		<b>STREET ADDRESS</b> 25435 Penhurst Dr	Beachwood OH 44123	
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33708		<b>CITY-ST-ZIP</b>	Beachwood OH 44123	
<b>TITLE</b> SD	<b>NAME</b> BROWN, JUNE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Lewis, George	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 10217 PARADISE BLVD	SAINT PETERSBURG, FL 33706		<b>STREET ADDRESS</b> 7819 4th Ave S.	St Petersburg, FL 33707	
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33706		<b>CITY-ST-ZIP</b>	St Petersburg, FL 33707	
<b>TITLE</b> TD	<b>NAME</b> WOJEIK, NORBERT JR	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4211 MEANDERING WAY	CRYSTAL LAKE, IL 60014		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	CRYSTAL LAKE, IL 60014		<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<b>NAME</b> HIGGINS, PATTI	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14900 GULF BLVD	SAINT PETERSBURG, FL 33708		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33708		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE</b> <i>Thomas Bora</i> <b>Thomas Bora</b> 4/27/07 787-365-0592					