


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90028 037 ****61.25

DOCUMENT # N05000011021	
1. Entity Name SURF BEACH RESORT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 11040 GULF BLVD TREASURE ISLAND, FL 33706	Mailing Address C/O COMPREHENSIVE MGMT 10575 68TH AVE B3 SEMINOLE, FL 33772
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13030 Gulf Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Madeira Beach, FL	
Zip	Country	Zip 33708	Country U.S.



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3690271		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAHAM, DONALD V 10575 68TH AVE N B3 SEMINOLE, FL 33772		7. Name and Address of New Registered Agent Name Total Realty Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 13030 Gulf Blvd City Madeira Beach FL Zip Code 33708	
---	--	---	--

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	POSTED <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	--	------------

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	------------------------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOVA, THOMAS 11365 9TH ST E TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kathleen Wojcik 411 Redwood Ln Schwamburg, IL 60193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YURASKO, FRANK 16326 GULF BLVD 502 SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ron Dix 233 Arlington Dr. Amery, WI 54001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, GEORGE 7819 4TH AVE. S SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, PATTI 14900 GULF BLVD SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISMAN, THOMAS 25435 PENHURST DR. BEACHWOOD, OH 44122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
---	------------	-----------------------