

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11362

FILED
Mar 22, 2005
Secretary of State

Entity Name: SURREY LANE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8549 SURREY LANE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

8549 SURREY LANE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 59-2597470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASKIN, KATHLEEN
8549 SURREY LANE
BOCA RATON, FL 33496 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: P () Delete
Name: RASKIN, KATHLEEN
Address: 8549 SURREY LANE
City-St-Zip: BOCA RATON, FL 33496

Title: ST () Delete
Name: RECTON, MATT
Address: 17962 WAGON WHEEL DR.
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: FRIEDMAN, MARK
Address: 8345 CLINT MOORE RD
City-St-Zip: BOCA RATON, FL 33496

Title: DP (X) Delete
Name: LENTS, CHERYL
Address: 8601 SURREY LANE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KOTZIG, IVAN
Address: 8700 SURREY LANE
City-St-Zip: BOCA RATON, FL 33496

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 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: MATTHEW RECTOR

ST

03/22/2005

Electronic Signature of Signing Officer or Director

_____ Date