

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90039 034 ****61.25

DOCUMENT # N15754

1. Entity Name

CONDOMINIUM OWNERS ASSOCIATION OF SURFSIDE
SIX, INC.



Principal Place of Business

2 10TH ST.
ST AUGUSTINE BCH FL 32080
US

Mailing Address

1093 A1A BEACH BLVD PMB 416
ST. AUGUSTINE FL 32080
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2877775

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBERLING, ROBERT A CPA
1797 OLD MOULTRIE RD STE 107
SAINT AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME SINCLAIR, RON
STREET ADDRESS 7111 GREEN BRIAR DR.
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☐ Delete

NAME LEYLAND, BRAD
STREET ADDRESS 2 10TH ST UNIT D
CITY-ST-ZIP SAINT AUGUSTINE FL 32080

TITLE ☒ Delete

NAME THOMAS, JACK H.
STREET ADDRESS 116 RIVER PLANTATION DR NORTH
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

TITLE ☐ Delete

NAME SPRING, ANITA
STREET ADDRESS 5707 SW 17TH DR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete

NAME PERMUY, STEVE
STREET ADDRESS 2 10TH UNITE A
CITY-ST-ZIP ST AUGUSTINE BCH FL 32080

TITLE ☐ Delete

NAME MCJANNET, MONIKA
STREET ADDRESS 107 WOODBURY PL
CITY-ST-ZIP DECATUR GA 30030

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME LAYLAND, BRAD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME RANDALL BLAKE
STREET ADDRESS 357 SAWMILL LANE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Signature]

02.04.06

904.997.2663