


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 043 ****61.25

DOCUMENT # N23121

1. Entity Name
SURFWALK OF MARCO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1001 S. COLLIER BLVD
 MARCO ISLAND, FL 34145 US**

Mailing Address
**P.O. BOX 637
 MARCO ISLAND, FL 34146**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0038701

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STAN REICH
 1001 S. COLLIER BLVD. TH5
 MARCO IS, FL 34145**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	STD LIVENGOOD, MARVA 1001 S COLLIER BLVD., #201 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, DANNY 1001 S COLLIER BLVD., #302 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REICH, STANLEY <input checked="" type="checkbox"/> Delete 1001 S COLLIER BLVD., #TH5 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Livengood, Marva <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 Stone Creek Ct. Marion, IA 52302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Meyer, Denny <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 119 Gibson Drive, Kitchener Ontario, Canada N2 B 2P7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Reich, Lis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1001 S. Collier #TH5 Marco Island, FL 34145
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"/> Change <input type="checkbox"/> Addition
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: *Stan Reich* **4/23/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #