2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N32195 1. Entity Name 8217 SURF DRIVE CONDOMINIUM ASSOCIATION, INC.					Jul 19, 2005 08:00 AM Secretary of State				
Principal Plac	ce of Business	Mailing Address			-				
8217 SURF DRIVE PANAMA CITY BEACH FL 32408		C/O BILL GREENWOOD 8217-D SURF DR PANAMA CITY FL 32408							
2. Principal F	Place of Business	3. Mailing Address			-	M JIHE MEMUL LUMUSA BUJIK M	RASS MARIN WINSE RIV	EII MINII NINU SINU	
Suite, Apt. #, etc		Suite, Apt. #, etc.			1st Mo	DORE	CR2E037	(10/04)	
City & Stat	te	City & State			4. FEI Number	0-9447452	· -	├ ── ├	plied For t Applicabl
Z ip	Country	Zip	Соц	intry	5. Certificate of St		□ \$	8.75 Add	itional
	6. Name and Address of Current I	Registered Agent		31	7. Name and Add	ress of New Re	gistered A	gent	
821	EENWOOD, BILLY D 7-D SURF DR			Name Street Address (P.O. Box Number is Not Acceptable)					
PAr	NAMA CITY FL 32408			074				T-10-1	
	named entity submits this statement for			City		· 	FL	Zip Code	
the obligation	tions of registered agent.	and tille if applicable fivor	E Ragislered mpalgn F	d Agent signature required		Ny		Tankari a jija	
	Due By May 1, 2005	Trust Fund C			Added to Fees	Florid	a Departr	nent of S	tate
INTE NAME CIRET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD GREENWOOD, BILLY D 8217-D SURF DR PANAMA CITY FL 32408	Delete			ADDITIONS/CHANG	U00000373 19/05-800	1533	☐ Change	Additio
MILE NAME STREET ADDRESS CIEY-ST-ZIP	VT MICHELS, WILLIAM 3104 PRESERVE ROOKEY BLVD PANAMA CITY FL 32408	☐ Delete	THE MAME PARTS					Change	Additlo
TITLE NAME STREET ADDRESS CUY-ST-ZIF	TT MICHELS, ELEZABETH 3104 PRESERVE ROOKEY BLVD PANAMA CITY FL 32408	□ Delete						☐ Change	oltibbA 🔲
NAME STREET ADDRESS CITY- ST-ZIP		☐ Delete		J				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STRILLT ADDRESS CHY-ST-ZIP		☐ Delete		i				□ Change	□ Addition
indicated of the cor	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that n wered to execute this report	ny signat as requir	mption stated in Secure shall have the red by Chapter 617	ection 119 07(3)(i), Flo same legal effect as i 7, Florida Statutes; an	orida Statutes. I f made under o d that my name	further certif ath; that I an appears in	y that the in an officer Block 10 or	formation or director Block 11

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