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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N39000

(7)

THE SURF AND RACQUET HOMEOWNERS ASSOCIATION, INC

·								8 8 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address					0 100011401 000 48810 1 9 101 00318 00111	8 BY 1 BY 10 1 BY BY BY BY BY	J WI DI I # FB (I	84Q11 #1 8 31 (881	
4381 S. ATLA	INTIC AVE.	4168 S ATLANTIC AVEN	UE	ļ					
NEW SMYRNA BEACH FL 32169		NEW SMYRNA BEACH FL 32169		į					
		US			3. Date Incorporated or Qualified		e of Last F]
			 		07/02/1990	()4/ <u>13/19</u>	995	
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 59-3022053		- 	Applied For Not Applicable	-
Suite, Apt. #	#. etc.	Suite Apt. #_etc. ^		$\overline{}$				Additional	1
22					Certificate of Status Desired			Required	
City & State		City & State			Election Campaign Financing \$5.00 May Be				1
23		28			Trust Fund Contribution	Added to Fees			_
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29 30 s of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	negistered Agent	81 Name		To. Halle Blid Address of New Ne	Mistered N	Sent		-
DOE WI	ILIAM E								
ROE, WI	ATLANTIC AVE.			,Address XXo	s (P.O. Box Number is Not Acceptable		ن		
	IYRNA BEACH FL 32169		83	<u> </u>	3 HICKORY A	VENU	<u>c</u>		-
ILII ON	THINA DEACHTE SE 109				· · · · · · · · · · · · · · · · · · ·		1::1:=		_
			84 City			FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above-named c	orporation	on submits this statement for the purp	ose of cha	nging its re	egistered office	i
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	ia. Such change was authorize on 617.0503, Florida Statutes.	a by the corporation's	s boaro o	of directors. I hereby accept the appo	intment as i	egisterea	agent. i am	
SIGNATURE _									
12.	Signature, typed or printed name of registered agent a OFFICERS AND	-, , ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 	E: Registered Agent signature	required wt	hen reinstating) ADDITIONS/CHANGES TO OFF I	DATE OF DO AND	DIRECTO	RS IN 12	નું જો-
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	T	ADDITIONS/OFFANGES TO OFFI		Change	Addition	12
NAME	ROE, WILLIAM E.		1.2 NAME			L.	<u>,,</u>		CR2E037 (12/95)
STREET ADDRESS	4168 S. ATLANTIC AVE.		1.3 STREET ADDRESS	250	XOS ATLANITEC AVEN	ue			ြဋ္ဌ
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY - ST - ZIP	32	25 THE TOTAL				띯
TITLE	STD	DELETE	2 1 TITLE	1			Change	Addition	†উ
NAME	MCCULLY, WE		2.2 NAME						
STREET ADDRESS	1503 SMITH STREET		2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP						
TITLE	VD	DELETE	3.1 TITLE			G	Change	Addition	1
NAME	VAZQUEZ, JOHN		3 2 NAME	١.	- A				1
STREET ADDRESS	4168 S. ATLANTIC AVE.		3 3 STREET ADDRESS	35	06 S ATLANTIC AU	enue			ł
CITY-ST-ZIP	NEW SMYRNA BEACH FL	PM	3 4. CITY-ST-ZIP			····			4
TITLE		DELETE	4 1 TITLE			L	Change	☐ Addition	
NAME			4. 2 NAME	1					
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP		Fincies	4.4 CITY-ST-ZIP				T Change	☐ Addition	4
TITLE		DELETE	5.1 TITLE			L] Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-\$1-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE				Change	Addition	+
TITLE		Moerene	6.2 NAME			L	_ onenge	T Vocition	
NAME PERCET ADDRESS									
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY - ST - ZIP					1.6.0	-1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 corporating or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an indicatement with an address.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

- N (BOLLING) BOR 18110 (BILLING) BOLLING BOLL

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