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04-20-1999 90113 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39000**

1. Corporation Name

THE SURF AND RACQUET HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
4381 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169	3506 S. ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169 US

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/02/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3022053 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROE, WILLIAM E.
3506 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	~~JAGAM, ROBERT~~		1.2 NAME	HAGAN, ROBERT	
STREET ADDRESS	385 RICHFIELD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA 30075		1.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUDLEY, TED		2.2 NAME		
STREET ADDRESS	2304 HUNTINGTON RT ROAD W		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZARA MN 55391		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATRICK, HENRY		3.2 NAME		
STREET ADDRESS	832 EXNER CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL 60067		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	FRANKS, JOHN		4.2 NAME	MILLER, DAVID	
STREET ADDRESS	4381 S ATLANTIC AVENUE 404		4.3 STREET ADDRESS	314 TEMPEST DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169		4.4 CITY-ST-ZIP	PEACHTREE CITY GA 30269	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	KOLDENHOVEN, LINDA		5.2 NAME	FREEMAN, NANCY	
STREET ADDRESS	120 INTL PKWY SUITE 262		5.3 STREET ADDRESS	4381 S ATLANTIC AVE #401	
CITY-ST-ZIP	HEATHROW FL 32746		5.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Hagan REQUIRED ROBERT W. HAGAN 4-12-99 770-993-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #