

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39000

1. Entity Name

THE SURF AND RACQUET HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

4381 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

Mailing Address

3506 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3022053

Applied For

Not Applicable

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

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

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGAN, ROBERT 385 RICHFIELD CT ROSWELL GA 30075	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DUDLEY, TED 2304 HUNTINGTON RT ROAD W WAYZARA MN 55391	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, GUY 1050 SPALDING CLUB CRT ATLANTA GA 30338	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, MILLER 314 TEMPEST DR. PEACANTREE CITY GA 30269	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, NANCY 4381 S. ATLANTIC AVE #401 SMYRNA BCH FL 32169	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM E. ROE

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90169 015 ****61.25

C0046886



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)