2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90256 042 ****61.25

DOCUMENT # N39000

1. Entity 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

835408

DO NOT WRITE IN THIS SPACE

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	~~President~~ Treasurer/Secretary Guy Wilkinson 4381 S. Atlantic Ave. #103 New Smyrna Beach, FL 32169	☐ Change ☒ Addition
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	President Richard Bidot 4381 S. Atlantic Ave #202	☐ Change ☒ Addition
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	Director Mary Ann Medford 4381 S. Atlantic Ave #204 New Smyrna Beach, FL 32169	☐ Change ☒ Addition
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	~~Director~~ ~~Board Member~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, NANCY 4381 S. ATLANTIC AVE #401 SMYRMA BCH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ~~Nancy Freeman~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #