2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90345 021 ****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	4175 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169 US

04082004 Chg-NP CR2E037 (10/03)

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
SCHERER, JOYCE A 4175 S. ATLANTIC AVE. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILKINSON, GUY 4381 S. ATLANTIC AVE #103 NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHILIP MARSHALL 650 PINETREE RD WINTER PARK, FL 32789	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BIDOT, RICHARD 4381 S. ATLANTIC AVE #202 NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAY WHITEHURST 2077 SANTA ANTILLES RD ORLANDO, FL 32806	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKS, JOHN 4381 S. ATLANTIC AVE. #404 NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D	☒ 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	D LOLLY BERNYS 4381 S. ATLANTIC AVE, # 704 NEW SMYRNA BEACH, FL 32168	☒ 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	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Nancy J. Freeman Nancy J. Freeman 4-16-04 386-427-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary