# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 01, 2006 8:00 am**
**Secretary of State**
03-01-2006 90031 023 ****61.25

DOCUMENT # N39000

1. Entity Name

THE SURF AND RACQUET HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4381 S. ATLANTIC AVE.<br>NEW SMYRNA BEACH FL 32169 | 4175 S. ATLANTIC AVE.<br>NEW SMYRNA BEACH FL 32169<br>US |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 4381 S. Atlantic Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: New Smyrna Beach FL |
| Zip / Country | Zip: 32169 / Country: Volusia |

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<br>4175 S. ATLANTIC AVE.<br>NEW SMYRNA BEACH FL 32169 | Name: Gwen Schottler<br>Street Address (P.O. Box Number is Not Acceptable): 4381 S. Atlantic Avenue<br>City: New Smyrna Beach FL Zip Code: 32169 |

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: Gwen Schottler
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**
**Due By May 1, 2006**

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 | TD<br>MARSHALL, PHILIP<br>650 PINE TREE RD<br>WINTER PARK FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WHITEHURST, JAY<br>2077 SANTA ANTILLES RD<br>ORLANDO FL 32806 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FRANKS, JOHN<br>4381 S. ATLANTIC AVE. #404<br>NEW SMYRNA BEACH FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NESMITH, WAYNE<br>1105 CARRIAGE ROAD<br>TALLAHASSEE FL 32312 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FREEMAN, NANCY<br>4381 S. ATLANTIC AVE #401<br>SMYRMA BCH FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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 exemptions contained in Section 119, 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: Joyce A Scherer