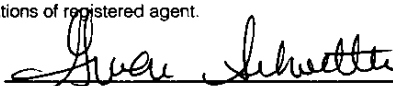


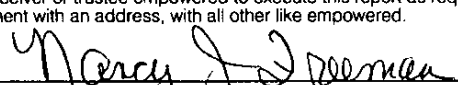
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90142 042 ****61.25

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 43815 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4381 S. ATLANTIC AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New Smyrna Beach FL	
Zip	Country	Zip	Country
		32169	FLORIDA
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 SCHERER, JOYCE A 43815 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name Gwen Schermer Street Address (P.O. Box Number is Not Acceptable) 4381 S. ATLANTIC AVENUE 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 		DATE 3-7-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSHALL, PHILIP 650 PINE TREE RD WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEHURST, JAY 2077 SANTA ANTILLES RD ORLANDO, FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANKS, JOHN 4381 S. ATLANTIC AVE. #404 NEW SMYRNA BEACH, FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESMITH, WAYNE 1105 CARRIAGE ROAD TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, NANCY 4381 S. ATLANTIC AVE #401 SMYRNA 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 Chapter 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:  **3-9-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #