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	Mailing Address
4381 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169	43815 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US

03052007 Chg-NP CR2E037 (12/06)

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: 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 43815 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169	Name: Gwen Schoettger 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: Gwen Schoettger 3.7.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 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 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 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: Nancy J Freeman 3.9.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #