

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39000

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE SURF AND RACQUET HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4381 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3022053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, NANCY J
4381 S. ATLANTIC AVE. #401
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MARSHALL, PHILIP
Address: 650 PINE TREE RD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GREENE, JEFFERY
Address: 1011 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: PD () Delete
Name: FRANKS, JOHN
Address: 4381 S. ATLANTIC AVE #404
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: NESMITH, WAYNE
Address: 1105 CARRAGE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: FREEMAN, NANCY
Address: 4381 S. ATLANTIC AVE #401
City-St-Zip: SMYRMA BCH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FRANKS, JOHN
Address: 4381 S. ATLANTIC AVE #404
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD (X) Change () Addition
Name: NESMITH, WAYNE
Address: 1105 CARRAGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD (X) Change () Addition
Name: FREEMAN, NANCY
Address: 4381 S. ATLANTIC AVE #401
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY FREEMAN

SD

04/07/2009

Electronic Signature of Signing Officer or Director

Date