

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -2 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N51276 (6)

1. Corporation Name  
SURF CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
PO BOX 352572 PO BOX 352572  
PALM COAST FL 32135 PALM COAST FL 32135  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1992 3a. Date of Last Report 03/15/1994  
4. FEI Number 59-3150302 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
WHITE, WILLIAM A JR  
4984 PALM COAST PWY NW #7  
PALM COAST FL 32137

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DP TUBBS, STEVE ONE CORPORATE DR. PALM COAST FL  
DV BEAM, WILLIAM ONE CORPORATE DR. PALM COAST FL  
DS CLINE, SAM ONE CORPORATE DR. PALM COAST FL  
DT LEVY, JOSE ONE CORPORATE DR PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME Delete Cline  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME Delete Levy  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE DIRECTOR/SECRETARY  Change  Addition  
5.2 NAME GREG SCHUMACHER  
5.3 STREET ADDRESS 104 SHREVEW DR.  
5.4 CITY-ST-ZIP PALM COAST, FL 32137  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if named, or on an attachment) with an address.

SIGNATURE: Steve A. Tubbs  
(Signature and typed or printed name of signing officer or director.)

2-24-95 90444106333  
(Date and File Number)