

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51276 (6)
 1. Corporation Name
SURF CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business PO BOX 352572 PALM COAST FL 32135 US	Mailing Address PO BOX 352572 PALM COAST FL 32135 US
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2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3 Date Incorporated or Qualified 10/08/1992	3a Date of Last Report 03/02/1995
4 FEI Number 59-3150302	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0509, Florida Statutes.

SIGNATURE *William A. White*
 Signature, typed or printed name of registered agent and filer of application

(NOTE: Registered Agent's signature required when removing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DP TUBBS, STEVE ONE CORPORATE DR. PALM COAST FL	1.1 TITLE	# STD JOHN FERN 161 HAVILLAND PT LONGWOOD, FL 32779
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DV BEAM, WILLIAM ONE CORPORATE DR. PALM COAST FL	2.1 TITLE	VPD JACK SCHRECK 104 SURFVIEW DR. # 1408 PALM COAST, FL 32137
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DS SCHMMACHER, GREG 104 SYRFVIEW DR PALM COAST FL	3.1 TITLE	PRESIDENT
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 oaths in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack Schreck Secy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 904446-6333
 Date: Date of Filing #

CR2E037 (12/95)