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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N51276 (6)
1. Corporation Name
SURF CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 352572 PALM COAST FL 32135 US
PO BOX 352572 PALM COAST FL 32135-2572 US

3. Date Incorporated or Qualified 10/08/1992
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 2a. Mailing Address
21 104 Surf View DR 22 Suite, Apt. #, etc.
23 Palm Coast FL 24 32137 25 Flagler
26 104 Surf View DR 27 Suite, Apt. #, etc.
28 Palm Coast FL 29 32137 30 Flagler

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WHITE, WILLIAM A JR
4964 PALM COAST PWAY NW #7
PALM COAST FL 32137

10. Name and Address of New Registered Agent
81 Name MAY MGMT Services Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 4320 A1A South Suite #2
83
84 City St Augustine FL 85 Zip Code 32084

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 617.0503, Florida Statutes.
SIGNATURE *(Anne Marks)* Vice President Anne Marks 3/7/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHN FERN	
STREET ADDRESS	161 HAVILLAND PT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BEAM, WILLIAM	
STREET ADDRESS	ONE CORPORATE DR.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHMACHER, GREG	
STREET ADDRESS	104 SYRFVIEW DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JACK SCHRECK	
STREET ADDRESS	104 SURFVIEW DR., #1408	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Giorgetta Gasparini	
1.3 STREET ADDRESS	104 SURFVIEW DR. Unit 1205	
1.4 CITY-ST-ZIP	Palm Coast FL 32137	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Schreck	
2.3 STREET ADDRESS	104 SURFVIEW DR. Unit 1408	
2.4 CITY-ST-ZIP	Palm Coast FL 32137	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Fern	
3.3 STREET ADDRESS	161 Havilland PT	
3.4 CITY-ST-ZIP	Longwood FL 32779	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dorothy Rubino	
4.3 STREET ADDRESS	104 SURFVIEW DR Unit 2201	
4.4 CITY-ST-ZIP	Palm Coast FL 32137	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Pike	
5.3 STREET ADDRESS	104 SURFVIEW DR Unit 1306	
5.4 CITY-ST-ZIP	Palm Coast FL 32137	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: *(Giorgetta Gasparini)* GIORGETTA GASPARINI 3/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8002830

CR2E037 (9/96)