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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Marria
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N51276

7. Corporation Name
SURF CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

104 SURFVIEW DRIVE 104 SURFVIEW DRIVE
 PALM COAST FL 32137 PALM COAST FL 32137
 US US

* 4 5 0 1 6 7 *
 450167 - 90236 - 30



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEl Number	Applied For
22. Suble, Apt. #, etc.	2b. Suble, Apt. #, etc.	10/08/1992	59-3150302	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
25. Country	29. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAY MGMT SERVICES INC. 4320 A1A SOUTH SUITE #2 ST AUGUSTINE FL 32084	81. Becker & Poliakov, P.A. 82. c/o C. John Christensen, Esq. 83. 500 Winderley Place, Suite 104 84. Maitland, FL 32751

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *[Signature]* 3/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PD
NAME	JOHN FERN	1.2 NAME	JAMES A. PIKE
STREET ADDRESS	161 HAVILLAND PT	1.3 STREET ADDRESS	104 Surfview Dr #1306
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	PD	2.1 TITLE	VP/D
NAME	GASPERINI, GIORGETTA	2.2 NAME	Bob Wallace
STREET ADDRESS	104 SURFVIEW DR UNIT 1205	2.3 STREET ADDRESS	104 Surfview Dr #2303
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	AS	3.1 TITLE	T
NAME	HERTERA, FANNY C	3.2 NAME	Giorgetta Gasperini
STREET ADDRESS	104 SURFVIEW DR #1605	3.3 STREET ADDRESS	104 Surfview Dr #1605
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	S	4.1 TITLE	S
NAME	WALLACE, ROBERT J	4.2 NAME	Bob Rubin
STREET ADDRESS	104 SURFVIEW DR	4.3 STREET ADDRESS	104 Surfview Dr #1507
CITY-ST-ZIP	PALM COAST FL 32137	4.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	D	5.1 TITLE	D
NAME	PIKE, JAMES	5.2 NAME	Ed Zienowicz
STREET ADDRESS	104 SURFVIEW DR UNIT 1306	5.3 STREET ADDRESS	104 Surfview Dr #1603
CITY-ST-ZIP	PALM COAST FL 32137	5.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(X), 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, with all other like empowered.

SIGNATURE: *[Signature]* 4/19/99

SIGNATURE REQUIRED

CR2E037 (1/198)