

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51276

1. Entity Name

SURF CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90059 006 ****61.25

Principal Place of Business 104 SURFVIEW DRIVE PALM COAST FL 32137 US	Mailing Address 104 SURFVIEW DRIVE PALM COAST FL 32137-2340 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3150302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
 C/O JOHN CHRISTENSEN
 500 WINDERLEY PLACE STE 104
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUBIN, BOB <input type="checkbox"/> Delete 104 SURFVIEW DR #1507 PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASPERINI, GIORGETTA <input checked="" type="checkbox"/> Delete 104 SURFVIEW DR. UNIT 1205 PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIENOWICZ, ED <input type="checkbox"/> Delete 104 SURFVIEW DR #1603 PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACE, BOB <input type="checkbox"/> Delete 104 SURFVIEW DR PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIKE, JAMES <input type="checkbox"/> Delete 104 SURFVIEW DR UNIT 1306 PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #