


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 040 ****61.25

DOCUMENT # N51276 1. Entity Name SURF CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 104 SURFVIEW DRIVE PALM COAST FL 32137 US		Mailing Address 104 SURFVIEW DRIVE PALM COAST FL 32137 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>JAMES A. PIKE PRESIDENT</u> 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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	T DROTHY MANCINELLI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 104 SURFVIEW DR UNIT 1201 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROUNTREE, JIM <input checked="" type="checkbox"/> Delete 580 THORNWOOD LANE ORANGE PARK FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, BILL <input checked="" type="checkbox"/> Delete 4631 SW 94TH RD GAINESVILLE FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETTY, JACK <input type="checkbox"/> Delete 2335 BISHOP ESTATES RD JACKSONVILLE FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACCARDI, RAY <input type="checkbox"/> Delete 104 SURVIEW DR 1401 PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLOCK, BRUCE <input type="checkbox"/> Delete 2510 HICKORY BLUFF LN JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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)(i), 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: <u>James A. Pike President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-6-04 Date Daytime Phone #	