## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #N51276** 

## **FILED** Feb 21, 2006 8:00 am Secretary of State 02-21-2006 90026 007 \*\*\*\*61.25

Findings Proce or Excentence  12. Principal Proce of Businesse  2. Principal Proce of Businesse  2. State Apit A, Sec.  2. Principal Proce of Businesse  2. State Apit A, Sec.  2. Principal Proce of Businesse  2. State Apit A, Sec.  2. Principal Proce of Businesse  2. State Apit A, Sec.  2. Principal Proce of Businesse  2. State Apit A, Sec.  2. Principal Proce of Businesse  2. State Apit A, Sec.  2. Principal Proce of Businesse  2. Principal Proce of Businesse  2. Replication of Proceedings of State October of State Desired State Desired  3. Name and Audress of Current Registated Apent  3. Name and Audress of Current Registated Apent  3. Name and Audress of Current Registated Apent  4. Fel Namese  5. Certificate of Status Desired  5. Registrated Apent  5. Name and Audress of Current Registated Apent  6. Name and Audress of Current Registated Apent  7. Name and Audress of New Registrated Agent  8. State Apit A, Sec.  8. The above named current statement for the purpose of changing its registered apent of Current Registated Apent  Cay  7. Name and Audress of New Registrated Agent  8. State Apit A, Sec.  8. The Address IP O. Bask Number to Not A Acceptables  9. Sec. Audress IP O. Bask Number to Not A Acceptables  9. Sec. Audress IP O. Bask Number to Not A Acceptables  9. Sec. Audress IP O. Bask Number to Not A Acceptables  9. Sec. Audress IP O. Bask Number to Not A Acceptables  9. Sec. Audress IP O. Bask Number to Not A Acceptables  9. Sec. Audress IP O. Bask Number to Not A Acceptables  9. Sec. Audress IP O. Bask Number to Not A Acceptable to	1. Entity Nam SURF CL	LUB CONDOMINIUM ASSC	CIATION, INC.				
Suite. Apt. 4, etc.  City 6, State  City 7, Name and Address of Current Registered Agent  The monoce have departed agent  The monoce have departed agent  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Acceptable)  City 7, Name and Address of New Registered Agent  Name  FL	104 SURFVIEW DRIVE 104 SURFVIEW DRIVE			7 US			     <b>  </b>
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate or Status Desired  S. S. Statis Desired  S. S. Statis Desired  S. S. Statis Desired  S. State State  S. Certificate or Status Desired  S. State State  Name  Street Address of Now Registered Agent  Name  Street Address of Now Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Now Registered Agent  The altipotities of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of fregistered agent.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City City  FL Zip Code  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City City  FL Zip Code  Thus Fund Controllable  Street Address (P.O. Box Number is Not Acceptable)  City City  FL Zip Code  Thus Fund Controllable  Street Address (P.O. Box Number is Not Acceptable)  City City  FL Zip Code  Thus Fund Controllable  Street Address of Now Registered Agent  The Acceptable (P.O. Box Number is Not Acceptable)  City City City  Street Address of Now Registered Agent  The Acceptable (P.O. Box Number is Not Acceptable)  City City City City City City City City	2. Principal P	Place of Business	3. Mailing Address				
Secondary   Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc		02142006 Chg-Ni	P CR2E037 (11/	05)
BECKER & POLIAKOFF C/O JOHN CHRISTENSEN SCHEMEARY POLIAKOFF C/O JOHN CHRISTENSEN SOW MINDER LEY PLACE STE 104 MAITLAND, FL 32751  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portical I am familiar with, and accept the obligations of registered agent, or both, in the State of Portical I am familiar with, and accept the obligations of registered agent, or both, in the State of Portical I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, feed or creat-gard of registered agent and tree of agent agent agent and tree of agent agent agent and tree of agent a	City & State		City & State				<del></del> -
Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Zip			Country		Fee Re	
BECKER & POLIAKOFF C/O JOHN CHRISTENSEN 500 WINDERLEY PLACE STE 104 MAITLAND, FL 32751  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. Lam familiar with, and accept the objections of registered agent.  SIGNATURE  FILING Fee is \$61.25 Due by May 1, 2006  FURST STATUS ST	~···	6. Name and Address of Current	Registered Agent	Name	7. Name and Address	of New Registered Agent	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   S	C/O JOHN CHRISTENSEN 500 WINDERLEY PLACE STE 104			ss (P.O. Box Number is Not Ad	cceptable)		
SIGNATURE	1011 (11 )			City		FL Zip	Code
Filing Fee is \$61.25			or the purpose of changing its r	egistered office or reg	istered agent, or both, in the S	state of Florida. I am familiar	with, and accept
Due by May 1, 2006	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature rea	gured when reinstating)	OATE	
TITLE							
TITLE							a material and a management of the contract of the first of the contract of th
TITLE MAME HOLLADAY, BOB 741 OLD HICKORY RD JACKSONVILLE, FL 32207  TITLE TITLE TOWN MAME ROUNTREE, JAMES STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205  TITLE PALM STREET ADDRESS CITY-ST-ZIP TITLE PALM SACCARDI, RAY STREET ADDRESS CITY-ST-ZIP TITLE PALM SACCARDI, RAY STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELET	10.	Due by May 1, 2006	Trust Fund Co	ontribution.	Added to Fees	Florida Department	of State
TITLE NAME ROUNTREE, JAMES STREET ADDRESS CITY-ST-ZIP  TITLE P SACCAR DI, RAY STREET ADDRESS CITY-ST-ZIP  TITLE P SACCAR DI, RAY STREET ADDRESS CITY-ST-ZIP  TITLE DAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET	TITLE NAME STREET ADDRESS	OFFICERS AND DE VP BARTON, DENNIS 12269 CHIMNEY TRAIL LN	Trust Fund Co	11.  ITTLE NAME STREET ADDRESS 23	Added to Fees  ADDITIONS/CHANGES TO  ELLY , TACK  B35 Bishop Est.	Florida Department  DOFFICERS AND DIRECTOR  Cha	of State
NAME STREET ADDRESS CITY_ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS	OFFICERS AND DO  OFFICERS AND DO  VP BARTON, DENNIS 12269 CHIMNEY TRAIL LN JACKSONVILLE, FL 32258 S HOLLADAY, BOB 741 OLD HICKORY RD	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO  ELLY, TACIK  335 Bishop Est  ACKSONVILLE,  TONG JANIC  10 SW 40 20	Florida Department  D OFFICERS AND DIRECTOR  Cha  ATES Rd.  FL 32269  Cha  Cha	of State IS IN 10 nge Addition
NAME STREET ADDRESS CITY-ST-ZIP  BULLOCK, BRUCE 2510 HICKORY BLUFF LN STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DI  VP BARTON, DENNIS 12269 CHIMNEY TRAIL LN JACKSONVILLE, FL 32258 S HOLLADAY, BOB 741 OLD HICKORY RD JACKSONVILLE, FL 32207 T ROUNTREE, JAMES 1372 AVONDALE AVE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO  ELLY, TACIK  335 Bishop Est  ACKSONVILLE,  TONG JANIC  10 SW 40 20	Florida Department  D OFFICERS AND DIRECTOR  ATES Rd.  FL 32269  Characteristics Characteristi	of State IS IN 10 Inge Addition Inge Addition
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indicated on this report of supplemental report is true and accurate and marriny signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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.

RAYMOND