

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90020 014 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

4. FEI Number: **59-3150302**  
 Applied For:  Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PETTY, JACK	<i>Deceased</i>
STREET ADDRESS	2335 BISHOP ESTATES RD	
CITY-ST-ZIP	JACKSONVILLE FL 32269	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLADAY, BOB	
STREET ADDRESS	741 OLD HICKORY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEJONG, JANICE	
STREET ADDRESS	8710 SW 40TH ST AVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	P	<input type="checkbox"/> Delete
NAME	SACCARDI, RAY	
STREET ADDRESS	104 SURVIEW DR 1401	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, BRUCE	
STREET ADDRESS	2510 HICKORY BLUFF LN	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Mancinelli	Secretary
STREET ADDRESS	104 Surfview Dr	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *DiAnne Fitzgerald* **DIANNE FITZGERALD 2/23/08 386 446-5222**