

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51276

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** SURF CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

104 SURFVIEW DRIVE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 354434  
PALM COAST, FL 32135 US

**New Mailing Address:**

FEI Number: 59-3150302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANNON, FRED JR  
7 FLORIDA PARK DRIVE NORTH  
SOUTHERN STATES MANAGEMENT GRP  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
7 FLORIDA PARK DRIVE NORTH  
SUITE C.  
PALM COAST, FL 32137 US

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: FRED ANNON, JR.

04/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: SCHMALZRIED, VALERIA  
Address: POST OFFICE BOX 354434  
City-St-Zip: PALM COAST, FL 32135

Title: DT  
Name: DEJONG, JANICE  
Address: POST OFFICE BOX 354434  
City-St-Zip: PALM COAST, FL 32135

Title: DP  
Name: SACCARDI, RAYMOND  
Address: POST OFFICE BOX 354434  
City-St-Zip: PALM COAST, FL 32135

Title: VPD  
Name: BULLOCK, BRUCE  
Address: POST OFFICE BOX 354434  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: BOMFORD, ALFRED  
Address: POST OFFICE BOX 354434  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND SACCARDI

PD

04/22/2010

Electronic Signature of Signing Officer or Director

Date