

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90036 031 ****70.00

DOCUMENT # N51327 1. Entity Name SURFSIDE CLUB MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business 3601 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32127			Mailing Address 3601 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1297947	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESLEY, CHARLES 3601 S. ATLANTIC AVE #108 CHARLES G. PRESLEY DAYTONA BEACH, FL 32127			Name Muriel Miller Street Address (P.O. Box Number is Not Acceptable) 3601 S. Atlantic Ave #301 City Daytona Beach Shores FL Zip Code 32118		
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: <i>Muriel Miller</i> Muriel Miller, President (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	T BALDWIN, MICHAEL 525 N.W. 80TH BLVD GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baldwin, Michael 525 N.W. 80th Blvd. Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESLEY, CHARLES 3601 S. ATLANTIC AVE #108 DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MURIEL 3601 S. ATLANTIC AVE #301 DAYTONA BEACH SHORES, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLOCK, CHARLOTTE 3601 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pollock, Charlotte 3601 South Atlantic Avenue # 409 Daytona Beach Shores, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COADY, PEGGY 3601 S. ATLANTIC AVE. #702 DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Coady, Peggy 3601 S. Atlantic Ave #702 Daytona Beach Shores, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMBORRINO, DONNA 3601 S. ATLANTIC AVE., #309 DAYTONA BEACH SHORES, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stolz, Frederic 3601 S. Atlantic Ave #302 Daytona Beach Shores, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Muriel Miller</i> Muriel Miller, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # (386) 767-2029		

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ATTACHMENT

DOCUMENT # N51327					
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Principal Place of Business 3601 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32127			Mailing Address 3601 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32127		
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1297947				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 PRESLEY, CHARLES 3601 S. ATLANTIC AVE #108 CHARLES G. PRESLEY DAYTONA BEACH, FL 32127			7. Name and Address of New Registered Agent Name: <u>Muriel Miller</u> Street Address (P.O. Box Number is Not Acceptable): <u>3601 S. Atlantic Ave #301</u> City: <u>Daytona Beach Shores FL</u> Zip Code: <u>32118</u>		
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>Muriel Miller, President</u> DATE: _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing))</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>Bryan, John S.</u>	
STREET ADDRESS			STREET ADDRESS	<u>3601 S. Atlantic Ave # 501</u>	
CITY - ST - ZIP			CITY - ST - ZIP	<u>Daytona Beach Shores, FL 32118</u>	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Muriel Miller, President</u> DATE: <u>(380) 767-2019</u> <small>(Signature and typed or printed name of signing officer or director)</small>					

Page two of two.