

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90061 009 \*\*\*\*70.00

<b>DOCUMENT # N51327</b> 1. Entity Name <b>SURFSIDE CLUB MANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>3601 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32127</b>			Mailing Address <b>3601 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32127</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>32118</b>	Country	Zip <b>32118</b>	Country		
<b>6. Name and Address of Current Registered Agent</b>  MILLER, MURIEL 3601 S. ATLANTIC AVE #301 DAYTONA BEACH, FL 32118			<b>7. Name and Address of New Registered Agent</b> Name <b>BRYAN, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3601 S ATLANTIC AVE # 504</b> City <b>DAYTONA BEACH SHORES FL</b> Zip Code <b>32118</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>John BRYAN, PRES. 1/08/07</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALDWIN, MICHAEL</b> <b>525 NW 80TH BLVD</b> <b>GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BALDWIN, MICHAEL</b> <b>525 NW 80TH BLVD</b> <b>GAINESVILLE, FL 32607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRESLEY, CHARLES</b> <b>3601 S. ATLANTIC AVE #108</b> <b>DAYTONA BEACH SHORES, FL 32118</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOYLE, Judy</b> <b>3601 S ATLANTIC AVE # 603</b> <b>DAYTONA BEACH SHORES, FL 32118</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILLER, MURIEL</b> <b>3601 S. ATLANTIC AVE #301</b> <b>DAYTONA BEACH SHORES, FL 32127</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRYAN, JOHN</b> <b>3601 S ATLANTIC AVE # 504</b> <b>DAYTONA BEACH SHORES, FL 32118</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POLLOCK, CHARLOTTE</b> <b>3601 S. ATLANTIC AVE, # 409</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>POLLOCK, CHARLOTTE</b> <b>3601 S ATLANTIC AVE # 409</b> <b>DAYTONA BEACH SHORES, FL 32118</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COAELY, PEGGY</b> <b>3601 S ATLANTIC AVE, # 702</b> <b>DAYTONA BEACH, FL 32118</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAILEY, EDWARD</b> <b>RR1, BOX 1737 LAUREL LAKE</b> <b>BRACKNEY, PA 18812-9722</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STOLZ, FREDERIC</b> <b>3601 S ATLANTIC AVE # 302</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete	TITLE 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 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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>John BAYAN, Pres 386 767-2029</b> <small>Date Daytime Phone #</small>		