FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

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407-784-3181 5/8-483-6218

Sandra Bellerthags

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF C DOCUMENT # N9400005403 (0)

SURFSIDE HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						- I POTANCE KIO RALLE OLIVE OLIVE CONTENTI SONTE OLIVE CONTENTI OLIVE CONTENTI CONTENTI CONTENTI CONTENTI CONT				
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55 S. ATLANTIC AVE. COCOA BEACH FL		55 S ALT AVE 16 COCOA BCH FL 32931			1	3. Date incorporated or Qualific	∌d			
					-	10/31/1994				
		US				4. FEI Number 65-0535341			plied For	
2. Principal P	Nace of Business	2a Mailing Address	2a. Mailing Address			65-0535341			t Applicable	
21	RECO CI Edillogo	26			İ	5. Certificate of Status Desired Fee Required Fee Required				
Suite Act # etc. Suite Act # etc.						6. Election Campaign Financing		\$5.00		
22		27 Apt. A				Trust Fund Contribution		Added to		
City & State City & State						7. Is this nonprofit corporation a homeowners association?				
23 County		Zip Country			☐ Yes ☐ No					
Zip 24	Country Zip 25 29		30		ļ	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
 			- 1	1 Name						
MOSLEY, CURTIS R				82 Street Address (P.O. Box Number is Not Acceptable)						
1221 E. NEW HAVEN AVE.				- Street	- Audres	TO DOX HUMBERS NOT ACCE	vanie)			
MELBOURNE FL 32901			T P	33						
			ļ _ī	M City				85 Zip (Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statisties.										
SIGNATURE DOUNA MMA HON Was to the printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when refinalisting) OATE										
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			S N 12	
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