## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400005403

FILED Jan 10, 2005 Secretary of State

Entity Name: SURFSIDE HAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

55 S. ATLANTIC AVE.
COCOA BEACH, FL
55 S. ATLANTIC AVE.
COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

55 S ALT AVE 55 SOUTH ATLANTIC AVE APT. #16 APT. #16 COCOA BCH, FL 32931 US COCOA BEACH, FL 32931 US

FEI Number: 65-0535341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MOSLEY, CURTIS R 1221 E. NEW HAVEN AVE. MELBOURNE, FL 32901 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MCMAHON, DONNA Name: MCMAHON, DONNA

 Address:
 55 S ATL AVE 16
 Address:
 55 SOUTH ATL AVE 16

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 COCOA BEACH, FL 32931

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRAUN, MARGUERITE
 Name:

 Address:
 5121 NADINE ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MCMAHON, RÁYMOND
 Name:
 MCMAHON, RÁYMOND

 Address:
 13856 SR 30
 Address:
 13856 ST RT 30

 City-St-Zip:
 MALONE, NY 12953
 City-St-Zip:
 MALONE, NY 12953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA MCMAHON D 01/10/2005