

-2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 038 ****61.25



DOCUMENT # N98000005013
 1. Entity Name
THE SURF ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1248 SURF ROAD 1248 SURF ROAD
 APT 4 RIVIERA BEACH FL 33404
 RIVIERA BEACH FL 33404



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number **NO-T APPLICABLE**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIREKTOR, KENNETH S ESQ.
LAW FIRM OF BECKER & POLIAKOFF
500 AUSTRALIAN AVE. SOUTH, NINTH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Betty Hadden*
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT, TOM		NAME		
STREET ADDRESS	1248 SURF ROAD, #4		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, JAN		NAME	<i>PD Bennett, Jan.</i>	
STREET ADDRESS	1248 SURF ROAD, #5		STREET ADDRESS	<i>1248 Surf Rd.</i>	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP	<i>RIVIERA BEACH FL 33404</i>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADDEN, BETTY		NAME		
STREET ADDRESS	1248 SURF ROAD, #2		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Betty Hadden*