Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90006 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000041941

1. Corporation Name

SURFSIDE ESTATES SUBDIVISION PHASE II HOMEOWNERS ASSOCIATION INC

AGOOOI	AUOU IIIO							
Principal Place of Business Mailing Address					_	[;	141 A1A81 15818 18111 811	# 81 H 81 H 881
123 WEST GULF BEACH DRIVE 123 WEST GULF BEACH DRIVE ST. GEORGE ISLAND FL 32328 ST. GEORGE ISLAND FL 323					DO NOT WRITE IN TH	IIS SPACE		
						3. Date incorporated or Qualifed 05/08/1998		
2. Principal Pi	ace of Business	2a. Mail	ling Address			4. FEI Number	Appl	lied For
21	300 Cl 200000	26				applied for	Not /	Applicable
Suite, Apt.	#. etc.		e, Apt. #, etc.			 	\$8.75 Ad	ditional
22	·	27				5. Certifcate of Status Desired	Fee Requ	uired
City & State	9	City	& State			6. Election Campaign Financing	\$5.00 M	1ay Be
23		28		·- · · · · · ·		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year		-7
24	25	29	30	ــــــــــــــــــــــــــــــــــــــ		Personal Property Tax.		JNo
	9. Name and Address of Curren	t Registered	d Agent			10. Name and Address of New Register	ad Agent	
COB	DODATION SERVICE COMPANY			81	Name H	lelen SPOHRER		
CORPORATION SERVICE COMPANY				82	Street Add	ress (P.O. Box Number is Not Acceptable)		-
1201 HAYS STREET TALLAHASSEE FL 32301-2525					/2.	3 GULF Beach DRIV	e WPST	
IALL	MIMOSEE FE 32301-2323			83				
				84	Ciby.	George Island F	L 85 Zip Co	ו אבור
11, Pursuant	to the provisions of Sections 607.050	2 and 607.15	508, Florida Statutes,	the above	named corr	paration enhants this statement for the nurnose	of changing its re	egistered
office or n	egistered agent, or both, in the State	of Florida. Su tions of, Sec	uch change was auth tion 607.0505. Florida	orized by a Statutes	the corporati	on's poard of directors. Thereby accept the ap	pomanent as regi	
SIGNATURE	Lun VII	20/1	er				2-9-9	9
- SIGNATORE	Signature, typed or printed name of registered age				t signature require	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD		☐ DELETE	11TITLE			C) Change	C. J. Addison
NAME	SPOHRER, HELEN	_		1.2 NAME				
STREET ADDRESS	123 WEST GULF BEACH DRIV			1.3 STREET			•	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 3232	<u>8</u>	O DELETE	1.4 CITY-\$	r-zip		Change	Addition
TITLE			☐ DELETE	2.1 TITLE			Change	
NAME				2.2 NAME				Ţ
STREET ADDRESS				2.3 STREET				+
City-St-zip				2. 4 CITY-S	T-ZIP		Change	Addition
TITLE			☐ DELETE	3.1 TITLE			Change	
NAME				3.2 NAME				ļ
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP			O DELETE	3.4. CITY-S	IT-ZIP		Change	Addition
TITLE			☐ DELETE	4.1 TITLE			Gridinge	
NAME				4. 2 NAME				ļ
STREET ADDRESS					ADDRESS			ļ
CITY-ST-ZIP			I DELETE	4.4 CITY-S	T-Z!P		☐ Change	Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME			change	
NAME				5.2 NAME	T ADDRESS			
STREET ADDRESS				5.3 STREE 5.4 CITY-S				
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	1-71L	<u> </u>	☐ Change	Addition
TITLE			□ pereie	6.2 NAME			Li Stidligo	ا اعتداد ال
NAME	1			U.Z /WWIE				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR