

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740056

**FILED  
Mar 07, 2013  
Secretary of State  
CC2660170863**

**Entity Name:** SURF CREST VILLAGE SERVICE INCORPORATED

**Current Principal Place of Business:**

13 JOBIL DRIVE  
ST AUGUSTINE, FL 32080-4752

**Current Mailing Address:**

13 JOBIL DRIVE  
ST AUGUSTINE, FL 32080-4752 US

**FEI Number: 59-1964048**

**Certificate of Status Desired: No**

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

MCKINNEY, JAMES AIII  
3046 WOODVEIL LN  
ORANGE PARK, FL 32073 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

**Officer/Director Detail :**

Title DVP  
Name O'DAY, FRANCES B  
Address 950 POPLAR SPRINGS RD  
City-State-Zip: DALLAS GA 30157

Title PD  
Name MCKINNEY, JAMES AIII  
Address 3046 WOODVEIL LN  
City-State-Zip: ORANGE PARK FL 32073

Title SD  
Name HERNANDEZ, MARY ELLEN B  
Address 17 BLUEFISH LN  
City-State-Zip: ST AUGUSTINE FL 32080-6956

Title TD  
Name KASPER, SHARON  
Address 29 DRUM POINT CIR  
City-State-Zip: ST AUGUSTINE FL 32080-6956

Title D  
Name COMETTI, MARIO  
Address 2 AMBERJACK LN  
City-State-Zip: ST AUGUSTINE FL 32080-6956

*I hereby 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 all other like empowered.*

**SIGNATURE: SHARON K. KASPER**

**TREASURER**

**03/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date