

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753976

**Entity Name:** SURFSIDE OF PINELLAS CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC6750820895****Current Principal Place of Business:**251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767**Current Mailing Address:**251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US**FEI Number: 59-2783100****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 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	PD
Name	ROWE, BOBBY
Address	11 IDLEWILE #304
City-State-Zip:	CLEARWATER BEACH FL 33767

Title	VP
Name	MANUS, GEORGE
Address	11 IDLEWILE #601
City-State-Zip:	CLEARWATER BEACH FL 33767

Title	S, SECRETARY, TREASURER
Name	RASCONA, DIXIE
Address	11 IDLEWILE ST #402
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	ABINGTON, BILL
Address	11 IDLEWILD #404
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	SHAY, BRIAN
Address	11 IDLEWILD ST. #501
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	ABINGTON, BILL
Address	11 IDLEWILD #404
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	SHAY, BRIAN
Address	11 IDLEWILD ST. #501
City-State-Zip:	CLEARWATER FL 33767

*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: BOBBY ROWE****PRESIDENT****03/18/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date