

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03144

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**8580566972CC**

**Entity Name:** SURFSIDE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1096 SCENIC GULF DR.  
C-101  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

1096 SCENIC GULF DR.  
C-101  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 59-2888216**

**Certificate of Status Desired: Yes**

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

ANCHORS, MICHELLE ESQ.  
2113 LEWIS TURNER BLVD - SUITE 100  
FORT WALTON BEACH, FL 32547 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 VP  
Name ZIMMER, CHRISTOPHER  
Address 300 KNOLL WOODS DR  
City-State-Zip: ROSWELL GA 30075

Title SECRETARY  
Name BILL, ALLAN  
Address 1096 SCENIC GULF DR.  
UNIT 902  
City-State-Zip: MIRAMAR BEACH FL 32550

Title D  
Name KIRKLAND, CRAIG  
Address 4375 HOLLYTREE DR  
City-State-Zip: LOUISVILLE KY 40241

Title TREASURER  
Name OWENS, JOHN  
Address 3086 O'BRIEN DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT  
Name VEST, JIM  
Address 1096 SCENIC GULF DR. UNIT 508  
City-State-Zip: MIRAMAR BEACH FL 32550

*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: JOHN OWENS**

**TREASURER**

**02/11/2019**

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

\_\_\_\_\_  
Date