

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0172090 AV

DOCUMENT # 175601

1. Entity Name
POMANO SURF CLUB INC

04-11-2002 90062 023 ***150.00

Principal Place of Business
1100 SOUTH OCEAN BLVD
POMANO BEACH FL 33062

Mailing Address
1100 SOUTH OCEAN BLVD
POMANO BEACH FL 33062
US



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-1266763 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| HUNT, ROBERT J. SUITE 400 WEST BUILDING 1900 CORPORATE BLVD NW BOCA RATON FL 33431 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|--------------------------------|
| TITLE | T | TITLE | D |
| NAME | BOVEN, DEL DOUCET | NAME | CHARLES BURNETT |
| STREET ADDRESS | 1100 S. OCEAN BLVD. B-6 | STREET ADDRESS | 1100 S. OCEAN BLVD C-6 |
| CITY-ST-ZIP | POMANO BCH FL 33062 | CITY-ST-ZIP | POMP, BCH, FL 33062 |
| TITLE | D | TITLE | S |
| NAME | FLYNN, ALICE | NAME | BETTY CLINE |
| STREET ADDRESS | 1100 S. OCEAN BLVD #D-3 | STREET ADDRESS | 1100 S. OCEAN BLVD B-4 |
| CITY-ST-ZIP | POMANO BCH FL 33062 | CITY-ST-ZIP | POMP, BCH, FL 33062 |
| TITLE | P | TITLE | P |
| NAME | ROBERTS, JOAN T | NAME | ROBERT GIPSON |
| STREET ADDRESS | 1100 S. OCEAN BLVD. E-1 | STREET ADDRESS | 1100 S. OCEAN BLVD D-11 |
| CITY-ST-ZIP | POMANO BCH FL 33062 | CITY-ST-ZIP | POMP, BCH, FL 33062 |
| TITLE | VP | TITLE | |
| NAME | WYRTZEN, HARRY W | NAME | |
| STREET ADDRESS | 1100 S. OCEAN BLVD., C-11 | STREET ADDRESS | |
| CITY-ST-ZIP | POMANO BEACH, FL 33062 | CITY-ST-ZIP | |
| TITLE | S | TITLE | |
| NAME | RICCI, BONNIE | NAME | |
| STREET ADDRESS | 1100 S. OCEAN BLVD. E-14 | STREET ADDRESS | |
| CITY-ST-ZIP | POMANO BEACH FL 33062 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | DARYL, TOM | NAME | |
| STREET ADDRESS | 1100 S. OCEAN BLVD D-14 | STREET ADDRESS | |
| CITY-ST-ZIP | POMANO BEACH FL 33062 | CITY-ST-ZIP | |

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry Wyrzten* VP 4-5-02 954-941-7555
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)