

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90083 014 \*\*\*150.00

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**DOCUMENT # 175601**



1. Entity Name  
**POMANO SURF CLUB INC**

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

Mailing Address  
1100 SOUTH OCEAN BLVD  
POMANO BEACH FL 33062  
US

175601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1266763**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |  |
|----------------|--------------------------------------|--|
| TITLE          | T                                    | <input type="checkbox"/> Delete            |
| NAME           | DOUCET, DEL                          |  |
| STREET ADDRESS | 1100 S. OCEAN BLVD. B-6              |  |
| CITY-ST-ZIP    | POMANO BCH FL 33062                  |  |
| TITLE          | D                                    | <input type="checkbox"/> Delete            |
| NAME           | BURNETT, CHARLES                     |  |
| STREET ADDRESS | 1100 S OCEAN BLVD #C-6               |  |
| CITY-ST-ZIP    | POMANO BCH FL 33062                  |  |
| TITLE          | <del>P</del>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>ROBERTS, JOAN T</del>           |  |
| STREET ADDRESS | <del>1100 S. OCEAN BLVD. E-1</del>   |  |
| CITY-ST-ZIP    | <del>POMANO BCH FL 33062</del>       |  |
| TITLE          | <del>VP</del>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>WYRTZEN, HARRY W</del>          |  |
| STREET ADDRESS | <del>1100 S. OCEAN BLVD., C-11</del> |  |
| CITY-ST-ZIP    | <del>POMANO BEACH FL 33062</del>     |  |
| TITLE          | S                                    | <input type="checkbox"/> Delete            |
| NAME           | CLINE, BETTY                         |  |
| STREET ADDRESS | 1100 S OCEAN BLVD #B-4               |  |
| CITY-ST-ZIP    | POMANO BEACH FL 33062                |  |
| TITLE          | <del>VP</del>                        | <input type="checkbox"/> Delete            |
| NAME           | <del>BARYL, TOM</del>                |  |
| STREET ADDRESS | <del>1100 S. OCEAN BLVD D-14</del>   |  |
| CITY-ST-ZIP    | <del>POMANO BEACH FL 33062</del>     |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | VP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROBERT GIPSON           |  |
| STREET ADDRESS | 1100 S OCEAN BLVD D-11  |  |
| CITY-ST-ZIP    | POMANO BEACH, FL 33062  |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RR DENNY CLUNK          |  |
| STREET ADDRESS | 1100 S OCEAN BLVD C-8   |  |
| CITY-ST-ZIP    | POMANO BEACH, FL 33062  |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GLENDIA GERRALTA        |  |
| STREET ADDRESS | 1100 S. OCEAN BLVD D-12 |  |
| CITY-ST-ZIP    | POMANO BEACH, FL 33062  |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEL DOUCET - TREASURER Date: April 8, 2003 Daytime Phone #: 954-941-7555

CR2E034 (10/02)