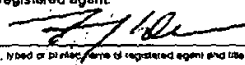


FILED
Jul 05, 2005 8:00 am
Secretary of State

06-22-2005 90077 014 ***150.00
 07-05-2005 90114 042 ***400.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

DOCUMENT # 189001				2	
1. Entity Name FORT LAUDERDALE SURF CLUB INC					
Principal Place of Business 425 BAYSHORE DR FT LAUDERDALE FL 33304			Mailing Address 425 BAYSHORE DR FT LAUDERDALE FL 33304		
2. Principal Place of Business 425 BAYSHORE DRIVE Suite, Apt. #, etc. #43 City & State FORT LAUDERDALE, FL Zip 33304 Country U.S.A.			3. Mailing Address 425 BAYSHORE DRIVE Suite, Apt. #, etc. #43 City & State FORT LAUDERDALE, FL Zip 33304 Country U.S.A.		
4. FEI Number 59-0769554			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALKER, ROBERT 425 BAYSHORE DRIVE UNIT 9 FORT LAUDERDALE FL 33304			7. Name and Address of New Registered Agent Name FRANCIS DUKSTA Street Address (P.O. Box Number is Not Acceptable) 425 BAYSHORE DRIVE UNIT #16 City FORT LAUDERDALE FL 33304		
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:  FRANCIS DUKSTA / SECRETARY / TREASURER Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE 01 JUNE 2005					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	ST	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	WALKER, ROBERT			NAME	
STREET ADDRESS	425 BAYSHORE DR., UNIT 26			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP	
TITLE	VP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CUOMO, LINDA			NAME	
STREET ADDRESS	425 BAYSHORE DR., UNIT 40			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP	
TITLE	M	☐ Delete		TITLE	☒ Change ☐ Addition
NAME	EMOND, PIERCE			NAME	EMOND, PIERCE
STREET ADDRESS	425 BAYSHORE DRIVE, UNIT 11			STREET ADDRESS	425 BAYSHORE DRIVE - #11
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	M	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ZAMPANTI, JOSEPH			NAME	
STREET ADDRESS	425 BAYSHORE DRIVE, UNIT 30			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP	
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	JETTE, MARC			NAME	
STREET ADDRESS	425 BAYSHORE DR., UNIT 12			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☒ Addition
NAME				NAME	S/T DUKSTA, FRANCIS
STREET ADDRESS				STREET ADDRESS	425 BAYSHORE DRIVE - #16
CITY-ST-ZIP				CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
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:  FRANCIS DUKSTA			DATE 01 JUNE 05 TELEPHONE 781-340-9765		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

50054509



1st MOORE CR2E034 (10/04)