2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State
06-22-2005 90077 014 ***150.00
07-05-2005 90114 042 ***400.00

DOCUMENT # 189001

1. Entity Name
FORT LAUDERDALE SURF CLUB INC

50054509

Principal Place of Business	Mailing Address
425 BAYSHORE DR FT LAUDERDALE FL 33304	425 BAYSHORE DR FT LAUDERDALE FL 33304

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
425 BAYSHORE DRIVE	425 BAYSHORE DRIVE
Suite, Apt. #, etc.: #43	Suite, Apt. #, etc.: #43
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33304 Country: U.S.A.	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	7. Name and Address of New Registered Agent
WALKER, ROBERT 425 BAYSHORE DRIVE UNIT 9 FORT LAUDERDALE FL 33304	Name: FRANCIS DUKSTA Street Address (P.O. Box Number is Not Acceptable): 425 BAYSHORE DRIVE UNIT #16 City: FORT LAUDERDALE FL Zip Code: 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: X _____ FRANCIS DUKSTA/SECRETARY/TREASURER 01 JUNE 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WALKER, ROBERT 425 BAYHSHORE DR., UNIT 26 FORT LAUDERDALE FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CUOMO, LINDA 425 BAYHSHORE DR., UNIT 40 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M EMOND, PIERCE 425 BAYSHORE DRIVE, UNIT 11 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M EMOND, PIERRE 425 BAYSHORE DRIVE - #11 FORT LAUDERDALE, FL 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ZAMPANTI, JOSEPH 425 BAYSHORE DRIVE, UNIT 30 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JETTE, MARC 425 BAYHSHORE DR., UNIT 12 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T DUKSTA, FRANCIS 425 BAYSHORE DRIVE - #16 FORT LAUDERDALE, FL 33304	☐ Change ☒ Addition

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: X _____ FRANCIS DUKSTA 01 JUNE 05 781-340-9765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #