

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90012 009 ***550.00

DOCUMENT # 189001 1. Entity Name FORT LAUDERDALE SURF CLUB INC					
Principal Place of Business 425 BAYSHORE DR # 43 FT LAUDERDALE, FL 33304			Mailing Address 425 BAYSHORE DR # 43 FT LAUDERDALE, FL 33304		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
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 DUKSTA, FRANCIS 425 BAYSHORE DRIVE UNIT # 16 FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Mr. Charles Dale Street Address (P.O. Box Number is Not Acceptable) 414 SE 4 St. City FT. Lauderdale FL Zip Code 33301		
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 <i>[Signature]</i> DATE <i>4/16/06</i> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			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 DUKSTA, FRANCIS 425 BAYSHORE DRIVE, # 16 FORT LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Fran Duksta 84 Broad Reach Unit 401 Weymouth, MA 02191	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUOMO, LINDA 425 BAYSHORE 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, PIERRE 425 BAYSHORE DRIVE, UNIT 11 FORT LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	Caraglin Pius #D 425 Bayshore Drive Fort Lauderdale, FL 33304	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JETTE, MARC 425 BAYSHORE 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		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> Property Manager <i>4/16/06</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					