


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90042 015 ***163.75

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DALE, CHARLES		Name	
414 SE 4ST.		Street Address (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE, FL 33301		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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____			



07132007 Chg-P CR2E034 (12/06)

4. FEI Number **59-0769554** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKSTA, PRAN		NAME	ALBERT SMANA	
STREET ADDRESS	84 BROAD REAM UNIT #401		STREET ADDRESS	425 BAYSHORE DRIVE #35	
CITY-ST-ZIP	NORTH WEYMOUTH, MA 02191		CITY-ST-ZIP	FT. LAUDERDALE FL. 33024	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUOMO, LINDA		NAME	GARY BARNOVITZ	
STREET ADDRESS	425 BAYSHORE DR., UNIT 40		STREET ADDRESS	425 BAYSHORE DRIVE #34	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	FT. LAUDERDALE, FL. 33024	
TITLE	M	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMOND, PIERRE		NAME	MICHAEL ANTELLOCY	
STREET ADDRESS	425 BAYSHORE DRIVE, UNIT 11		STREET ADDRESS	425 BAYSHORE DRIVE # 25	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	FT. LAUDERDALE, FL. 33025	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETTE, MARC		NAME	RENE GRANDMONT	
STREET ADDRESS	425 BAYSHORE DR., UNIT 12		STREET ADDRESS	425 BAYSHORE DRIVE #8	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	FT. LAUDERDALE, FL. 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANES, CAROYLN		NAME		
STREET ADDRESS	425 BAYSHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____