


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 017 ****61.25

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1. Entity Name
VENICE INLET SURF CLUB, INC.



Principal Place of Business
**414 BAYVIEW PKWY
 NOKOMIS, FL 34275**

Mailing Address
**414 BAYVIEW PKWY
 NOKOMIS, FL 34275**

54027291



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1049583

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOGGANS, MARK
 414 BAYVIEW PKWY
 NOKOMIS, FL 34275**

DO NOT WRITE IN THIS SPACE

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 *Mark Goggans* DATE 4-1-04

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TWEEDIE, BILL 471 NORTH SHORE DR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDS, DAVE 304 PINE ROAD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOGGANS, ANNE 414 BAYVIEW PARKWAY NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXXXX KENNY MYERS XXXXXXXX 1535 RINGTAIL RD VENICE, FL 34285 Venice FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTHERS, TOM BROTHERS 451 NORTH SHORE RD OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEREDIA , MANUEL Heredia 409 PARK LANE DR VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

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 617, 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: *Mark Goggans* DATE 4-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #