

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90022 021 ***158.75

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**

40035751



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008 Chg-P CR2E034 (12/06)

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

**DALE, CHARLES
414 SE 4ST.
FORT LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 **RON SURUTBALLY - MANAGER**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SMAHA, ALBERT**
STREET ADDRESS **425 BAYSHORE DR #35**
CITY-ST-ZIP **FT LAUDERDALE, FL 33023**

TITLE **VP** ☐ Delete
NAME **BARNOYITA, GARY**
STREET ADDRESS **425 BAYSHORE DR #34**
CITY-ST-ZIP **FT LAUDERDALE, FL 33025**

TITLE **M** ☒ Delete
NAME **EMOND, PIERRE**
STREET ADDRESS **425 BAYSHORE DRIVE, UNIT 11**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **P** ☒ Delete
NAME **JETTE, MARC**
STREET ADDRESS **425 BAYSHORE DR., UNIT 12**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **T** ☐ Delete
NAME **GRANDMONT, RENE**
STREET ADDRESS **425 BAYSHORE DR #8**
CITY-ST-ZIP **FT LAUDERDAL, FL 33024**

TITLE **S** ☐ Delete
NAME **ANTELLOCY, MICHAEL**
STREET ADDRESS **425 BAYSHORE DR #25**
CITY-ST-ZIP **FT LAUDERDALE, FL 33025**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **RON SURUTBALLY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-08
Date

954-565-5675
Daytime Phone #