

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 391904

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: THE SURF CLUB APARTMENTS, INC.

**Current Principal Place of Business:**

9133 COLLINS AVE.  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9133 COLLINS AVE.  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number: 59-1389977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAUSER, MARC  
1111 KANE CONCOURSE  
SUITE 616  
BAL HARBOUR ISLAND, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GELLATT, SUE  
Address: 9133 COLLINS AVE.  
City-St-Zip: SURFSIDE, FL 33154

Title: SEC ( ) Delete  
Name: LUNDBERG, CAROLYNE  
Address: 9133 COLLINS AVE.  
City-St-Zip: SURFSIDE, FL 33154

Title: VP ( ) Delete  
Name: STORER, VIOLET  
Address: 9133 COLLINS AVE.  
City-St-Zip: SURFSIDE, FL 33514

Title: P ( ) Delete  
Name: WILKINSON, LAWRENCE  
Address: 9133 COLLINS AVE.  
City-St-Zip: SURFSIDE, FL 33154

Title: TR ( ) Delete  
Name: CULLEN, DONNA  
Address: 9133 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: D ( ) Delete  
Name: CROMARTY, JAMES  
Address: 9133 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE WILKINSON

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date