

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90549 008 ***150.00

DOCUMENT # 391904



1. Entity Name
THE SURF CLUB APARTMENTS, INC.

Principal Place of Business
**9133 COLLINS AVE.
SURFSIDE FL 33154**

Mailing Address
**9133 COLLINS AVE.
SURFSIDE FL 33154**

391904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1389977**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	SD	<input type="checkbox"/> Delete
NAME	GELLATT, SUE	
STREET ADDRESS	9133 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAZ, CLAUDIA	
STREET ADDRESS	9133 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORER, VIOLET	
STREET ADDRESS	9133 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE FL 33514	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILKINSON, LAWRENCE	
STREET ADDRESS	9133 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	V	<input type="checkbox"/> Delete
NAME	BULLOCK, MARTHA	
STREET ADDRESS	9133 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD-HAMMERKER, SUSAN	
STREET ADDRESS	9133 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 information.

SIGNATURE *[Signature]* **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)