

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714877

FILED
Mar 25, 2009
Secretary of State

Entity Name: SURFSEDGE, INC.

Current Principal Place of Business:

4001 GULF SHORE BLVD., N.
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O 4001 GULF SHORE BLVD N
NAPLES, FL 34103 US

New Mailing Address:

4001 GULF SHORE BLVD., N.
NAPLES, FL 34103 US

FEI Number: 59-1499924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
ATTN: JOSEPH ADAMS
999 VANDERBILT BEACH RD. SUITE 501
NAPLES, FL 34108 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROGERS, THOMAS
Address: 4001 GULF SHORE BLVD N 1201
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: LIEPOLD, ROBERT
Address: 4001 GULF SHORE BLVD N #405
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: HANDLER, SHARON
Address: 12803 PEMBROKE CIRCLE
City-St-Zip: OVERLAND PARK, KS 66209

Title: P () Delete
Name: WAITE, CLARK
Address: 4001 GULF SHORE BLVD N #900
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: HENDRICKS, JACQUELINE
Address: 4001 GULF SHORE BLVD N 702
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: FRISOLI, LEONARD
Address: 52 PARK AVENUE
City-St-Zip: WELLESLEY HILLS, MA 02481

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
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARK G. WAITE

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date