FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:45

DOCUMENT # 729203 (0)

1. Corporation Name

THE SURF CLUB

Principal Place of Business	Mailing Address
9011 COLLINS AVENUE SURFSIDE FL 33154-3220	9011 COLLINS AVENUE SURFSIDE FL 33154-3220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1974
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-0471110 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KLINE, CHARLES C
SOUTHEAST FINANCIAL CENTER
200 S. BISCAYNE BLVD. 50 FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	ZANGER, ALBERT F	12 NAME	
STREET ADDRESS	175 BAL CROSS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	14 CITY-ST-ZIP	
TITLE	ASD	21 TITLE	☒ Change ☐ Addition
NAME	DYMOND, LEWIS W	22 NAME	DELETED
STREET ADDRESS	21 LAGORCE CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL 33141	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MAYER, ROBERT M	32 NAME	
STREET ADDRESS	4141 BONITA AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP	
TITLE	ATD	41 TITLE	☐ Change ☐ Addition
NAME	BROOKS, PHILIP B	42 NAME	
STREET ADDRESS	9133 COLLINS AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	CMERON, KENNETH W	52 NAME	
STREET ADDRESS	8500 BYRON AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	54 CITY-ST-ZIP	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	BATCHELLER, JOE ANN	62 NAME	
STREET ADDRESS	4595 SABAL PALM RD.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Ann Batcheller 04-06-95 305-866-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000291