

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 729203**

1. Entity Name  
**THE SURF CLUB**



Principal Place of Business  
**9011 COLLINS AVENUE  
SURFSIDE, FL 33154-3220**

Mailing Address  
**9011 COLLINS AVENUE  
SURFSIDE, FL 33154-3220**



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0471110**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

1000000475285  
04/05/06-20009-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GILBERT, RICHARD E  
ARLEN HOSE #1216 100 BAYVIEW DR  
NORTH MIAMI BEACH, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ELIAS, GEORGE  
7250 MONACO STREET  
CORAL GABLES, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
CROMARTY, JAMES A  
9133 COLLINS AVE APT 4H  
SURFSIDE, FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JAMES C. COLROSS  
4300 TOLEDO ST.  
CORAL GABLES, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCB  
MORA, MODESTO M DR  
2695 LE JEUNE ROAD  
MIAMI, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-06

305-668-2481