

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755942 (0)

1. Corporation Name
THE SURF CLUB OF MARCO, INC.

Principal Place of Business Mailing Address
540 S COLLIER BLVD MARCO ISLAND FL 33907 US
13391 MCGREGOR BLVD FORT MYERS FL 33919-5996 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/16/1981** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2367988** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILTON GRAND VACATIONS COMPANY
13391 MCGREGOR BLVD. S.W.
FORT MYERS FL 33919-5996**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **ROUSH, C., WAYNE**
STREET ADDRESS **3817 SW 2ND AVE**
CITY - ST - ZIP **CAPE CORAL FL**

1.1 TITLE **S/T/D** Change Addition
1.2 NAME **Salcines, Gerardo F.**
1.3 STREET ADDRESS **2827 SW 18th Street**
1.4 CITY - ST - ZIP **Miami, FL 33145**

TITLE **STD**
NAME **BITTNER, RUSSELL**
STREET ADDRESS **1041 SWALLOW DRIVE, APT. 304**
CITY - ST - ZIP **MARCO ISLAND FL**

2.1 TITLE **V/D** Change Addition
2.2 NAME **Bittner, Russell**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **PD**
NAME **OSVOLD, HARALD**
STREET ADDRESS **P.O. BOX 93 SMESTAD N309**
CITY - ST - ZIP **OSLO 3, NORWAY**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 attached form with an address.

SIGNATURE: **HARALD O. OSVOLD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/30/95** Daytime Phone #