


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90041 038 \*\*\*\*61.25

**DOCUMENT # 755942**

1. Entity Name  
**THE SURF CLUB OF MARCO, INC.**



Principal Place of Business  
**540 S COLLIER BLVD**  
**MARCO ISLAND, FL 34145 US**

Mailing Address  
**599 S COLLIER BLVD**  
**STE 217**  
**MARCO ISLAND, FL 34145 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2367988**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HILTON GRAND VACATIONS COMPANY, LLC**  
**6355 METROWEST BLVD**  
**SUITE 180**  
**ORLANDO, FL 32835**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25**  
 Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TURK, SHERWIN		NAME William Chandler	
STREET ADDRESS 12517 STABLE HOUSE COURT		STREET ADDRESS 790 Old Fall River Road	
CITY-ST-ZIP POTOMAC, MD 20854		CITY-ST-ZIP No. Dartmouth, MA 02747	
TITLE STD	<input checked="" type="checkbox"/> Delete	TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MYERS, M.T.		NAME Harald Osvold	
STREET ADDRESS 647 STAFFORD AVE		STREET ADDRESS P.O. Box 93	
CITY-ST-ZIP SPARTANBURG, SC 29302		CITY-ST-ZIP Oslo, Norway N 030	
TITLE PD	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OSVOLD, HAROLD		NAME Turk, Sherwin	
STREET ADDRESS P.O. BOX 93		STREET ADDRESS 9001 Potomac Station RD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP OSLO, NORWAY, N-030		CITY-ST-ZIP Potomac, MD 20854	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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:  239.642.5800 2/10/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #