


**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # 755942**

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



**FAXED**

07 OCT 08 AM 9:07  
9-23-2007  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

09232007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number: **59-2367988**

Applied For:  Not Applicable

Zip Country Zip Country

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

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE:

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MYERS, M.T.	647 STAFFORD AVE	SPARTANBURG, SC 29302	<input type="checkbox"/>
<del>V</del>	<del>Vice President</del>	<del>MCCLUSKEY, JOSEPH</del>	<del>605 MIDDLE STREET</del> BRAINTREE, MA 02184	<input type="checkbox"/>
V	CHANDLER, WILLIAM	790 OLD FALL RIVER ROAD	NORTH DARTMOUTH, MA 02747	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S.	TURK, Sheewid	9001 Potomac Station Lane	Potomac, MD 20854	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

500111298845  
10/24/07--01044--002 \*\*\$1.25

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 as an attachment with an address, with all other like empowered.

SIGNATURE: M.T. Myers **9-23-2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

