


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # 755942

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



FILED
08 AUG -8 AM 8:17
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.

07022008 Chg-NP CR2E037 (12/06)

City & State
Zip Country

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 reinstating)

Amended AR is \$61.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	MYERS, M.T.	
STREET ADDRESS	647 STAFFORD AVE	
CITY-ST-ZIP	SPARTANBURG, SC 29302	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCLUSKEY, JOSEPH	
STREET ADDRESS	605 MIDDLE STREET	
CITY-ST-ZIP	BRAINTREE, MA 02184	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURK, SHERWIN	
STREET ADDRESS	9001 POTOMAC STATION LANE	
CITY-ST-ZIP	POTOMAC, MD 20854	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandler, William	
STREET ADDRESS	790 Old Fall River Road	
CITY-ST-ZIP	North Dartmouth, MA 02747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William R. Chandler* William R. Chandler 7-9-2008 508-676-0693
Date Daytime Phone #