

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

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90014 038 \*\*\*\*70.00

|  |                        |  |   |   |  |
|--|------------------------|--|---|---|--|
| <b>DOCUMENT # 757870</b>   |                        |  |   |  |  |
| 1. Entity Name<br>SURFRIDER BEACH CLUB ASSOCIATION, INC.   |                        |  |   |   |  |
| Principal Place of Business<br>555 E GULF DRIVE<br>SANIBEL ISLAND, FL 33957 US   |                        |  | Mailing Address<br>11595 KELLY ROAD<br>SUITE 300<br>FORT MYERS, FL 33908 US |   |  |
| 2. Principal Place of Business   |                        |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |                        |  | Suite, Apt. #, etc.   |   |  |
| City & State   |                        |  | City & State  |   |  |
| Zip  |                        | Country  | Zip   |   | Country  |
| 6. Name and Address of Current Registered Agent  |                        |  | 7. Name and Address of New Registered Agent                                 |   |  |
| RAL RESORT PROPERTY GMT INC<br>11595 KELLY ROAD<br>SUITE 300<br>FORT MYERS, FL 33908   |                        |  | 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 <u><i>Roland Torres</i></u>  |                        |  | DATE <u>3/3/06</u>  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |                        |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to Florida Department of State  |                        |  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |   |  |
| TITLE  | D                      | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | SANDEGREN, FRED P      |  | NAME  | VICTOR MANZON-AGUIRRE   |  |
| STREET ADDRESS   | 16231 CHARLESTON AVE.  |  | STREET ADDRESS  | 429 S.W. 27 RD  |  |
| CITY-ST-ZIP  | FT. MYERS, FL 33908    |  | CITY-ST-ZIP   | MIAMI, FL 33129   |  |
| TITLE  | V                      | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | YANDOLI, JOSEPH V      |  | NAME  | DAVID FOSTER  |  |
| STREET ADDRESS   | 2507 GARTH ROAD        |  | STREET ADDRESS  | PO BOX 118  |  |
| CITY-ST-ZIP  | WILMINGTON, DE 19810   |  | CITY-ST-ZIP   | BAY CITY, WI 54723  |  |
| TITLE  | S/T                    | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | LATRONICO, GLENN J     |  | NAME  |   |  |
| STREET ADDRESS   | 10044 S. TRIPP         |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | OAK LAWN, IL 60453     |  | CITY-ST-ZIP   |   |  |
| TITLE  | D                      | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | FELDMANN, FRED         |  | NAME  |   |  |
| STREET ADDRESS   | 759 OAKMONT LANE       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | WINTER HAVEN, FL 33884 |  | CITY-ST-ZIP   |   |  |
| TITLE  | P                      | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | DEPAULL, R. LOUIS      |  | NAME  |   |  |
| STREET ADDRESS   | 5392 BRITISH OPEN LANE |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | CAMILLUS, NY 13031     |  | CITY-ST-ZIP   |   |  |
| TITLE  | D                      | <input checked="" type="checkbox"/> Delete                                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BIRCKHEAD, MARIE       |  | NAME  |   |  |
| STREET ADDRESS   | 6256 SANDPIPERS DR     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | LAKELAND, FL 338095671 |  | 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: <u><i>R. Louis De Paull</i></u> (R. LOUIS DEPAULL)  |                        |  | Date <u>3/1/06</u>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                        |  | Daytime Phone # <u>(941) 924-1811</u><br><u>(315) 672-9273</u>              |   |  |

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