


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 757870 1. Entity Name SURFRIDER BEACH CLUB ASSOCIATION, INC.					
Principal Place of Business 555 E GULF DRIVE SANIBEL ISLAND, FL 33957 US			Mailing Address 11595 KELLY ROAD SUITE 300 FORT MYERS, FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2147923	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAL RESORT PROPERTY GMT INC 11595 KELLY ROAD SUITE 300 FORT MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL Zip Code	
SIGNATURE <u><i>Robert J. Jones</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/3/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D SANDEGREN, FRED P 16231 CHARLESTON AVE. FT. MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTOR MONZON-AGUIRRE 429 S.W. 27 RD MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YANDOLI, JOSEPH V 2507 GARTH ROAD WILMINGTON, DE 19810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID FOSTER PO BOX 118 BAY CITY, MI 48723	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LATRONICO, GLENN J 10044 S. TRIPP OAK LAWN, IL 60453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMANN, FRED 759 OAKMONT LANE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEPAULL, R. LOUIS 5392 BRITISH OPEN LANE CAMILLUS, NY 13031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRCKHEAD, MARIE 6256 SANDPIPERS DR LAKELAND, FL 338095671	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>R. Louis DePaulle</u> (R. Louis DePaulle) 3/1/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>3/1/06</u> Daytime Phone # <u>(941) 924-1811</u> <u>(315) 672-9273</u>					

50001187

