2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757870

FILED Apr 20, 2007 Secretary of State

Entity Name: SURFRIDER BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
555 E GUL SANIBEL I	LF DRIVE ISLAND, FL 3	3957 US				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 300	LLY ROAD) ERS, FL 3390	08 US				
FEI Number: 59-2147923 FEI Number Applied For () FEI Number			FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:	
11595 KEL SUITE 300 FORT MYI	ERS, FL 3390	08 US	nurnose of changing it	ts registered	d office or registered agent, or both,	
	e of Florida.	Submits this statement for the	purpose or changing in	is registered	d office of registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (SANDEGREN, 16231 CHARL FT. MYERS, F	ESTON AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	YANDOLI, JOS 2507 GARTH F		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S/T (LATRONICO, 0 10044 S. TRIP OAK LAWN, IL	P	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FELDMANN, F 759 OAKMON		Title: Name: Address: City-St-Zip:	KNAPKE, FF 5745 WINDI	(X) Change () Addition RANK B NG CREEK WAY STER, OH 45069 US	
Title: Name: Address: City-St-Zip:	P (DEPAULL, R. I 5392 BRITISH CAMILLUS, NY	OPEN LANE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (FOSTER, DAV PO BOX 118 BAY CITY, WI		Title: Name: Address: City-St-Zip:	D ORSTEAD, E 606 EDGEL/ PLANO, IL 6	AWN DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. LOUIS DEPAULL DP 04/20/2007