

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757870

FILED
Feb 24, 2009
Secretary of State

Entity Name: SURFRIDER BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:

555 E GULF DRIVE
SANIBEL ISLAND, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

11595 KELLY ROAD
SUITE 300
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-2147923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAL RESORT PROPERTY GMT INC
11595 KELLY ROAD
SUITE 300
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDEGREN, FRED P
Address: 16231 CHARLESTON AVE.
City-St-Zip: FT. MYERS, FL 33908 US

Title: V () Delete
Name: YANDOLI, JOSEPH V
Address: 2507 GARTH ROAD
City-St-Zip: WILMINGTON, DE 19810 US

Title: S/T () Delete
Name: LATRONICO, GLENN J
Address: 10044 S. TRIPP
City-St-Zip: OAK LAWN, IL 60453

Title: D () Delete
Name: AGUIRRE, VICTOR
Address: 369 SW 23 RD
City-St-Zip: MIAMI, FL 33129 US

Title: P () Delete
Name: GOLD, MATTHEW
Address: 125 PRINCE ST APT 4
City-St-Zip: NEW YORK, NY 10017 US

Title: D () Delete
Name: ORSTEAD, BRUCE
Address: 606 EDGELAWN DRIVE
City-St-Zip: PLANO, IL 60545 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: YANDOLI, JOSEPH V
Address: 2507 GARTH ROAD
City-St-Zip: WILMINGTON, DE 19810 US

Title: PD (X) Change () Addition
Name: LATRONICO, GLENN J
Address: 10044 S. TRIPP
City-St-Zip: OAK LAWN, IL 60453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOLD, MATTHEW
Address: 125 PRINCE ST APT 4
City-St-Zip: NEW YORK, NY 10017 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN R SHAW

RA

02/24/2009

Electronic Signature of Signing Officer or Director

Date