

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 017 ****61.25

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1. Entity Name
VENICE INLET SURF CLUB, INC.



Principal Place of Business

**414 BAYVIEW PKWY
NOKOMIS, FL 34275**

Mailing Address

**414 BAYVIEW PKWY
NOKOMIS, FL 34275**

54027291



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1049583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOGGANS, MARK
414 BAYVIEW PKWY
NOKOMIS, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

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

Mark Gagg
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	TWEEDIE, BILL
STREET ADDRESS	471 NORTH SHORE DR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	T
NAME	RICHARDS, DAVE
STREET ADDRESS	304 PINE ROAD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	S
NAME	GOGGANS, ANNE
STREET ADDRESS	414 BAYVIEW PARKWAY
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	XXXXXXXXXX KENNY MYERS
STREET ADDRESS	XXXXXXXXXX 1535 RINGTAIL RD
CITY-ST-ZIP	VENICE, FL 34285 Venice FL 34293
TITLE	D
NAME	BROTHERS, TOM BROTHERS
STREET ADDRESS	451 NORTH SHORE RD
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	HEREDIA MANUEL Heredia
STREET ADDRESS	409 PARK LANE DR
CITY-ST-ZIP	VENICE, FL 34285

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mark Gagg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-04