

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000718

FILED
Jul 28, 2005
Secretary of State

Entity Name: VENICE INLET SURF CLUB, INC.

Current Principal Place of Business:

414 BAYVIEW PKWY
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

414 BAYVIEW PKWY
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-1049583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOGGANS, MARK
414 BAYVIEW PKWY
NOKOMIS, FL 34275 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: VP () Delete
Name: TWEEDIE, BILL
Address: 471 NORTH SHORE DR
City-St-Zip: OSPREY, FL 34229

Title: T () Delete
Name: RICHARDS, DAVE
Address: 304 PINE ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: GOGGANS, ANNE
Address: 414 BAYVIEW PARKWAY
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: MYERS, KENNY
Address: 1535 PONYTAIL RD.
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: BROTHERS, TOM
Address: 451 NORTH SHORE RD
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: HEREDJA, MANUEL
Address: 409 PARK LANE DR
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK GOGGANS

PRES

07/28/2005

Electronic Signature of Signing Officer or Director

Date