PLEASE READ	ALL INST	BUCTION	IS BEFORE (COMPLET	ING THIS FORM.		
APPLICATION FOR THE PROPERTY OF STATE DIVISION OF CORPORATIONS				APPROVED AND FILLED			
DOCUMENT # N46433 1. Corporation Name SURF CLUB ON THE GULF CONDOMINIUM ASSOCIATION, INC. a Non-Profit Corporation				97 SEP -4 AM II: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Mailing Address 1101 S. Tamiami Trail Suite 215 Venice, FL 34292	e of Business		7	7000022862471 -09/05/9701113001 ****297.50 *****297.50			
If above addresses are incorrect in any way, line through incorrect in New Mailing Address, if Applicable 3. New Printer 2380 N. Beach Road Same Suite, Apt. #, etc. Suite, Apt. # City & State Englewood, FL		cipal Office Address, If Applicable		To Do Busir 5. FEI Number	DO NOT WRITE IN THIS SPACE		
Zip Country USA	Zip	Cou	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status		
7. Names and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corp	orations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbe		r	City / State	a / Zip	
, VP, Solaz, Daniel C.		165 W. Putnam Avenue		•	Greenwich, CT 06830		
S, D Balk, Bruce		290 Coco	anut Avenue		Sarasota, FL 34236		
				REIN	STATEMEN	76-97 Q. alau	
						714197	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Name Surf Club				on the Gulf Condo Ass'n (Attn:			
John P. Laudenslager 1101 S. Tamiami Trail Venice, FL 34292			Street Address (F	Street Address (P.O. Box Number is Not Acceptable) 2380 N. Beach Road Suite, Apt. #, Etc.			
		Englewood, State 7 Code 34223					
0. I, being appointed the registered agent of the above Signature of Registered Agent Jason Richards		>	•	bligations of Section	on 607.0505, F.S. Date <u>8/4/97</u>		
11. If this corporation is a non-p	orofit with I	.R.S. 501(d	c)(3) tax exem	npt status,		(See other side for additional information.)	
Dept. of Revenue under S.	199.032,	Florida Sta	atutes. Yes		· · · · · · · · · · · · · · · · · · ·	ble tax.)	
13. I do hereby certify that the information supplied lease the Division of Corporations from any liabil certify that I am an officer or director or the rece this reinstatement application the reason for disfees owed by the corporation have been paid. I under oath.	ty of non-complia iver or trustee er solution has beer	ance with Section npowered to exec n eliminated, the c	119.07(3)(k) in the evenue this application as corporate name satisfied	ent that the information in character in the provided for in character in the requirement in the province in t	ation supplied is deemed exemp apter 607 or 617, F.S. I further ats of section 607 0401 or 617 0	ot from public access. I certify that when filing	

SIGNATURE:

7/28/97 (203) 661-3077
Date Davime Phone #