

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90099 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46433
 1. Corporation Name
SURF CLUB ON THE GULF CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business 2380 N. BEACH ROAD ENGLEWOOD FL 34223	Mailing Address 2380 N. BEACH ROAD ENGLEWOOD FL 34223
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/12/1991
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0345677
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ATKINS, WILLIAM 2380 N. BEACH ROAD UNIT 205 ENGLEWOOD FL FL342-23		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD (PRESIDENT) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, WILLIAM Director	1.2 NAME	
STREET ADDRESS	2380 N BEACH RD, #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	
TITLE	VPD + TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOTTSCHALK, ROBERT VICE-PRESIDENT AND TREASURER DIRECTOR	2.2 NAME	
STREET ADDRESS	2380 N BEACH RD, #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARI, KATINA MATHEWS SECRETARY DIRECTOR	3.2 NAME	
STREET ADDRESS	2380 N BEACH RD, #107	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ELAINE Still A DIRECTOR	4.2 NAME	NO LONGER TREASURER
STREET ADDRESS	2680 TITANIA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FRANKS D'ESPOSITO
STREET ADDRESS		5.3 STREET ADDRESS	2380 N. BEACH RD. UNIT # 108
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ENGLEWOOD FL. 34223 Director
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** SIGNATURE REQUIRED 3-22-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)