## FILE NOW: FILING FEE IS \$61.2"

NONPROFIT CORPORATION ANNUAL REPORT



FLORIC

1998

## DOCUMENT # N9400005591

THE SURF CLUB DEBUTANTE BALL COMMITTEE, INC.

FILED
Jan 27 1998 8:00am
Secretary of State

	UNF CLUB DEBUTANTE DA		<u></u>						
Principal Plac	e of Business	Mailing Address				ł		••••	
C/O THE SURF		201 ALHAMBRA CIRCLE				ľ	3. Date Incorporated or Qualified		
9005 N COLLIN SURFSIDE FL 3		SUITE 703 CORAL GABLES FL 33134					11/14/1994		
John Gibe ie	~	US	Chocke it dolor			[	4. FEI Number Applied	i For	
							65-0572383 Not App	plicable	
<b>←</b>	lace of Business	2a. Mailing Address				-	5. Certificate of Status Desired S8.75 Additi		
21	*	26					Fee Require		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May E		
City & State	9	City & State					Trust Fund Contribution	S	
23		28				-	7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip Country					8. This corporation owes or has paid the current year Intangible		
24	_ <del>_</del> _	30				Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer		1				10. Name and Address of New Registered Agent	71. 2018 (FEE	
				81	Name				
MAYER.	ROBERT M			82	82 Street Address (P.O. Box Number is Not Acceptable)				
2474 SW 27 TERRACE					Ou car y	Addies	a (10. Box_14thribes is 140t Acceptable)		
	ISCAYNE BLVD SUITE 2400			83					
MIAMI FI	L 33131			84	City	85 Zip Code			
1					•			į.	
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.									
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS 13.  DS LIDELETE 1.1 TO			20.0			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition \$	
TITLE	ds Whalen, Elizabeth	<del></del>					En Onlarge Li	Vodičon 1	
NAME	4261 PALM LN	1.2 N							
STREET ADDRESS	MIAMI FL				ET ADORESS			Įį	
CITY-ST-ZIP TITLE	DP	DELETE	DELETE 2.1 TI		- ZIP	OP	Change	Addition	
NAME	ELDREDGE, YVONNE	<i></i>	2.2 NAME			VAU	VALGHN, PHYLLIS 9340 BALADA ST.		
STREET ADDRESS	1581 BRICKELL AVE., #1001		2.3 STREE		กกลรงง	930	HO BALADA ST		
CITY-ST-ZIP	MIAMI FL		2. 4 CIT			COG	CORAL GABLES PL. 33156		
TITLE	D	_ DELETE			2.11			Addition	
NAME	STIEGLITZ, MIMI	<del>-</del>	3.2 NA			[		1	
STREET ADDRESS	8820 S.W. 52 AVE.				DDRESS				
CMY-ST-ZIP	MIAMI FL		3.4. Cl		-zip	1			
TITLE	DΤ	DELETE	4.1 TITLE				☐ Change ☐	Addition	
NAME	WHALEN, MICHAEL		4. 2 NAME						
STREET ADDRESS	4261 PALM LN		4.3 ST	REET A	DDRESS	}			
CITY-ST-ZIP	MIAMI FL 33137		4.4 CI	TY-ST	- ZIP	İ			
TITLE	<del></del>	DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	.DDRESS				
CITY-ST-ZIP			_	TY-ST-	-ZIP	ļ			
TIRLE		☐ DELETE	6.1 T\1				Change	Addition	
NAME			6.2 NA	ME	Į			-	
STREET ADDRESS			6.3 ST	reet a	DDRESS				
CITY-ST-ZIP		NA CONTRACTOR OF THE CONTRACTO		TY-ST			3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
i 🖦 i nereby c	erury that the information supplied w	in this filing does not qualify for	rue exe	mpth	on state	ea in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the infor	mation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 chapter or on an attachment with an address.

SIGNATURE:

mich DP Chicholan Tibacura

13/98 448-5666