



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

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90051 040 \*\*\*\*61.25

|   |                        |  |  |  |                                   |
|---|------------------------|--|--|--|-----------------------------------|
| <b>DOCUMENT # N94000005591</b>  |                        |  |  |         |                                   |
| 1. Entity Name<br>THE SURF CLUB DEBUTANTE BALL COMMITTEE, INC.  |                        |  |  |  |                                   |
| Principal Place of Business<br>9011 COLLINS AVE<br>SURFSIDE, FL 33154   |                        |  | Mailing Address<br>201 ALHAMBRA CIRCLE<br>SUITE 703<br>CORAL GABLES, FL 33134 US |  |                                   |
| 2. Principal Place of Business  |                        | 3. Mailing Address   |  |  |                                   |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |  |  |                                   |
| City & State  |                        | City & State   |  | 4. FEI Number<br>65-0572383  |                                   |
| Zip   |                        | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                        |  | 7. Name and Address of New Registered Agent                                      |  |                                   |
| MAYER, ROBERT M<br>1320 S DIXIE HWY STE 811<br>MIAMI, FL 33146  |                        |  | Name   |  |                                   |
|   |                        |  | Street Address (P.O. Box Number is Not Acceptable)                               |  |                                   |
|   |                        |  | City   |  |                                   |
|   |                        |  | FL Zip Code  |  |                                   |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |                        |  |  |  |                                   |
| Filing Fee is \$61.25 Due by May 1, 2004  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | Make check payable to Florida Department of State  |                                   |
| 10. OFFICERS AND DIRECTORS  |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |  |                                   |
| TITLE   | DS                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CESARANO, MARILYN      |  | NAME   |  |                                   |
| STREET ADDRESS  | 6200 SW 144TH ST       |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33158        |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | D                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BATCHELLER, JOSEPH ANN |  | NAME   |  |                                   |
| STREET ADDRESS  | 4595 SABAL PALM RD     |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33137        |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | DT                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | WHALEN, MICHAEL        |  | NAME   |  |                                   |
| STREET ADDRESS  | 4261 PALM LN           |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33137        |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | DP                     | <input checked="" type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | SAHECTER, TERRY        |  | NAME   | DP   |                                   |
| STREET ADDRESS  | 9701 NE 5TH AVE        |  | STREET ADDRESS   | 4261 Palm Ln   |                                   |
| CITY-ST-ZIP   | MIAMI SHORES, FL 33138 |  | CITY-ST-ZIP  | Miami, FL 33137  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change   |
| NAME  |                        |  | NAME   |  |                                   |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change   |
| NAME  |                        |  | NAME   |  |                                   |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP  |  |                                   |
| 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:   |                        |  | 1/7/03 305-907-7550  |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                        |  | Date Daytime Phone #   |  |                                   |
| Michael P. Whalen   |                        |  |  |  |                                   |