


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90016 038 \*\*\*\*61.25

<b>DOCUMENT # N94000005591</b>					
1. Entity Name THE SURF CLUB DEBUTANTE BALL COMMITTEE, INC.					
Principal Place of Business 9011 COLLINS AVE SURFSIDE, FL 33154			Mailing Address 201 ALHAMBRA CIRCLE SUITE 703 CORAL GABLES, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0572383	
				Applied For Not Applicable	
				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 1320 S DIXIE HWY STE 811 MIAMI, FL 33146			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	Skelly Lewis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAHECTER, TERRY		NAME	4261 PALM LN	
STREET ADDRESS	4261 PSLAU LN		STREET ADDRESS	MIAMI, FL 33137	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Michael P. Whalen, Treasurer</u>		Date: <u>1/5/05</u>		Daytime Phone #: <u>305-507-7550</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					