

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90294 041 \*\*\*150.00

**DOCUMENT # P98000050503**

1. Entity Name

LAUDERDALE BEACH SURF APARTMENTS, INC.



Principal Place of Business

2815 N.E. 33RD AVE.  
FORT LAUDERDALE, FL 33308

Mailing Address

P.O. BOX 7503  
FORT LAUDERDALE, FL 33338



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1022597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GABOT MANAGEMENT & MARKETING, INC.

2727 E. OAKLAND PARK BLVD. *BETH FREEMAN*  
#301 *2815 NE 33 AVE # 203*  
FT. LAUDERDALE, FL 33306 *FT. Lauderdale FL*  
*33308*

**DO NOT WRITE  
IN THIS SPACE**

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

*X. Beth E. Freeman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/14/06*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | PD                        |
| NAME           | FREEMAN, BETH             |
| STREET ADDRESS | 2815 N.E. 33RD AVE., #203 |
| CITY-ST-ZIP    | F.T. LAUDERDALE, FL 33308 |
| TITLE          | D                         |
| NAME           | HUTCHINSON, AUBREY        |
| STREET ADDRESS | 2815 N.E. 33RD AVE., #101 |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33308  |
| TITLE          | DT                        |
| NAME           | HENRY, MARY               |
| STREET ADDRESS | 2815 N.E. 33RD AVE. #103  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33308 |
| TITLE          | D                         |
| NAME           | VAIL, JOANNE              |
| STREET ADDRESS | 2815 N.E. 33RD AVE., #204 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33308 |
| TITLE          | PD                        |
| NAME           | WILLIAMS, GINA            |
| STREET ADDRESS | 2815 N.E. 33RD AVE.       |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33308  |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

*Beth E. Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/06*

DATE

*812-345-1129*

Daytime Phone #