FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40910 (9) SURF CLUB DEVELOPMENT CORPORATION										
Principal Place of Business Mailing Address								Olf Broth Groth Broth B	(\$11 \$1811 \$1811 IBAI	
1819 MAIN S SUITE 610 SARASOTA F			1819 MAIN STREET SUITE 610 SARASOTA FL 34236		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							03/27/1991			
2. Principal P	Place of Busin	ness	2a. Mailing Address			4. FEI Number		Applied For	_	
21			26			65-0246467	İ	Not Applicat	ole	
I Suite, ADI.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	.75 Additional		
22			27				F	Fee Required	_	
City & State			City & State			6. Election Campaign Financing		5.00 May Be		
Zip	Country		Zip Country			Trust Fund Contribution	_=	added to Fees		
24		25	29	30			This corporation owes or has p Personal Property Tax due June			
	9, Name	and Address of Current					10. Name and Address of New R			
NORTON, SAM D EQUIRE 1819 MAIN STREET SUITE 610							ess (P.O. Box Number is Not Accepta	ble)		_
ļ SA	rasota f	L 34236		j	63					
				Ì	84 City			FL 85	Zip Code	
SIGNATURE		ions of Sections 607.0502 yent, or both, in the State of th, and accept the obligation of printed name of registered ager					oration submits this statement for the on's board of directors. I hereby acce		ging its registere ent as registered	ed
12.	o.g. a.o.o. cypoo	OFFICERS AND		13.	- Tagorita di gricali	are require	ADDITIONS/CHANGES TO OFFI		CTORS IN 12	
TITLE	PST	····	DELETE	1.1 717	LE			Cr	hange 🔲 Additi	on
NAME		s, robert e		1.2 NA	ME					
Street Address		ST PUTNAM AVE.		1.3 ST	REET ADDRES	s (
CITY-ST-ZIP		WICH CT 06830	7-1 05:55		Y-ST-ZIP				4.199	
TITLE	VP COLAT	DAMIELO	☐ DELETE	2.1 TIT		-		∐ Cr	hange	ON
NAME		DANIEL C PUTNAM AVENUE		2.2 NA						
STREET ADDRESS	***	MHICH CT 06830			REET ADDRES	٥				
CITY-ST-ZIP TITLE	GILLIA	WIIIOIT 01 00030	☐ DELETE	3.1 TIT	TY-ST-Z <u>I</u> P LE				nange	 on
NAME			_	3.2 NA)		_	• –	
STREET ADDRESS				3.3 ST	REET ADDRES	s				
CITY-ST-ZIP					TY-ST-ZIP					
TITLE			☐ DELET E	4.1 TeT	LE	1		☐ Ch	hange Addition	٥n
NAME				4. 2 N/	ME	1				
STREET ADDRESS				4.3 STI	REET ADDRES	s				
CITY-ST-ZIP					Y-ST-ZIP	_				
TITLE			☐ DELETE	5.1 TIT				☐ CH	nange 🔲 Additio	nc
NAME				5.2 NA						
STREET ADDRESS					REET ADDRES	S				
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP	-		□ Cf	nange	
NAME			C pecut	6.2 NA					migo <u>Lu</u> rioutil	•••
STREET ADDRESS					vic Reet adores:	,				
STREET AUDINESS				0.3 311		1				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

FILED

Mar 04 1998 8:00am

Secretary of State