

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90036 038 \*\*\*\*70.00

**DOCUMENT # N17469**

1. Entity Name  
**EXXONMOBIL SUNCOAST RETIREE CLUB, INC.**



Principal Place of Business  
**C/O STANLEY M ROBERTSON, II**  
**7187 DEL LAGO DRIVE**  
**SARASOTA, FL 34238-4524 US**

Mailing Address  
**C/O STANLEY M ROBERTSON, II**  
**7187 DEL LAGO DRIVE**  
**SARASOTA, FL 34238-4524 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.


City & State  
 Zip Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2190021**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



City & State  
 Zip Country

6. Name and Address of Current Registered Agent

**ROBERTSON, STANLEY M., II**  
**7187 DEL LAGO DRIVE**  
**SARASOTA, FL 34238**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | VD                             | <input type="checkbox"/> Delete            |
| NAME           | THOMAS, PHILIP W               |  |
| STREET ADDRESS | 850 N. SHORE DRIVE NE APT 10G  |  |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 337012038 |  |
| TITLE          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | FURLONG, LOUIS E               |  |
| STREET ADDRESS | 1465 LANDING CIR.              |  |
| CITY-ST-ZIP    | SARASOTA, FL 34231             |  |
| TITLE          | TD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | TURNER, MICHAEL S              |  |
| STREET ADDRESS | 8964 BLOOMFIELD BLVD           |  |
| CITY-ST-ZIP    | SARASOTA, FL 34238             |  |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | BERMANN, CLIFFORD P            |  |
| STREET ADDRESS | 3240 LAKE POINT BLVD 324       |  |
| CITY-ST-ZIP    | SARASOTA, FL 34231             |  |
| TITLE          | DS                             | <input type="checkbox"/> Delete            |
| NAME           | BAISLEY, JANE                  |  |
| STREET ADDRESS | 5343 FLICKER FIELD CIRCLE      |  |
| CITY-ST-ZIP    | SARASOTA, FL 34231             |  |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | NEWTON, DONALD                 |  |
| STREET ADDRESS | 4210 CADDLE DR E. #206         |  |
| CITY-ST-ZIP    | BRADENTON, FL 34203            |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SOKOLASH, ANNETTE R.      |  |
| STREET ADDRESS | 6819 COYOTE RIDGE CT      |  |
| CITY-ST-ZIP    | UNIVERSITY PARK, FL 34201 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | DT                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

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 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: Louis E. Furlong FEBRUARY 13, 2007 (941) 922-5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LOUIS E. FURLONG

ATTACHMENT

40019187

#N17469

EXXONMOBIL SUNCOAST RETIREE CLUB, INC

ADDITIONAL DIRECTORS

COL 11 - Continued

D

Marino, Eleanor D.  
4834 Hawkshead Park  
Sarasota, FL 34241

D

Crowell, Lois A.  
223 Bimini Drive  
Palmetto, FL 34221

D

Tullo, Tina  
718 Butterfield Circle  
Englewood, FL 34223