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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$22271

(8)

SEA WAKE RESORTS, INC.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Principal Piec	on of Business	Mailing Address						. 	
Principal Place of Business Mailing Address 445 HAMDEN DR CLEARWATER FL 34630 CLEARWATER FL 34630-2533									
<u></u>						3. Date Incorporated or Qualified 01/01/1991	3a. Date of L 04/16/19	,	
	Place of Business	2a. Malling Address				4. FEI Number Applied For			
21		26				59-3096046 Not Applicable			
Suite, Apt.		Suito, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & Stal	te	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Col	intry		8. This corporation has liability for intangible tax under s. 199.032,			32,
24	25	29	30				Yes No		
g. Name and Address of Current Registered Agent					Namo	10. Name and Address of New Re	gistered Agent		
445	ITON, DARYL HAMDEN DR FARWATER FL 34630			82 83		ress (P.O. Box Number is Not Acceptab			
dd Durouant	to the provisions of Sections 607 060	2 and 607 1509 Florida Statut	toc the e	84	City	poration submits this statement for the o	FL 85	Zip Code	torod
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was attions of, Section 607.0505, Fl	authorize orida Sta	d by lutes	the corporal	poration submits this statement for the $ ho$ lion's board of directors. I hereby accep	t the appointme	nt as registe	ed
SIGNATURE	Signature, typed or printed name of registered ager		E. Hagistere	d Agei	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC			
TITLE	D DATAN DADW	☐ DELETE 1,11					☐ Ch	ange L_J Ai	lddition
NAME	440 1144 MPAL OR			NAME					
STREET ADDRESS	445 HAMDEN DR				ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	Delete.		17-81	- ZIP				
TITLE	D DELETE 211			-		☐ Ch	ange ∐ Ad	ddition	
NAME	SEATON, DON		- 6	2.2 NAME					
STREET ADDRESS 445 HAMDEN DR			2.3 \$		ADDRESS				
CITY-ST-ZIP	CLEARWATER FL			ITY-\$	1-7IP		····	· · · · · · · · · · · · · · · · · · ·	
TITLE	D	☐ DELETE	3.1 TI	TLE			L. Ch	ange 🔲 🗛	ddition

CILEARWATER FL

14. I do 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 changed, or on an attachment with an address.

3.2 NAME

4.1 DILE

4. 2 NAME

5 1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY - \$1 - ZIP

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SEATON, NANETTE

445 HAMDEN DR

CLEARWATER FL

SEATON, JANE

445 HAMDEN DR

CLEARWATER FL

SEATON, LENETTE

445 HAMDEN DR

CLEARWATER FL

SEATON, WENDY

445 HAMDEN DR

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Apr 21 1997 8:00am

Secretary of State