

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90117 050 ****61.25

0036688

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705640

1. Corporation Name

SEA RANCH LAKES BEACH CLUB, INC.

Principal Place of Business

1 GATEHOUSE ROAD
SEA RANCH LAKES FL 33308

Mailing Address

1 GATEHOUSE ROAD
SEA RANCH LAKES FL 33308



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1963

4. FEI Number

59-0880463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PATON STARR
#1 GATEHOUSE ROAD
SEA RANCH LAKES FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Starr A. Paton Starr A. Paton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, JAMES P.	
STREET ADDRESS	4 MINNETONKA ROAD	
CITY-ST-ZIP	SEA RANCH LKS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARKER, DEBBIE	
STREET ADDRESS	27 WINNEBAGO RD	
CITY-ST-ZIP	SEA RANCH LAKES FL 3	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WINSTON, ANN	
STREET ADDRESS	47 CAYUGA RD	
CITY-ST-ZIP	SEA RANCH LKS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHIAPPETTA, LAWRENCE	
STREET ADDRESS	20 WINNEBAGO ROAD	
CITY-ST-ZIP	SEA RANCH LKS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	YARDLEY, HERBERT	
STREET ADDRESS	5 SENECA ROAD	
CITY-ST-ZIP	SEA RANCH LAKES FL 33308	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	O'NEILL, MARY	
STREET ADDRESS	12 WINNEBAGO RD	
CITY-ST-ZIP	SEA RANCH LKS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Unis, Mark	
1.3 STREET ADDRESS	48 Cayuga Road	
1.4 CITY-ST-ZIP	Sea Ranch Lks FL 33308	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Doody, Sue	
4.3 STREET ADDRESS	28 Winnebago Rd.	
4.4 CITY-ST-ZIP	Sea Ranch Lks, FL 33308	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mike Christiansen	
6.3 STREET ADDRESS	7 Seneca Road	
6.4 CITY-ST-ZIP	Sea Ranch Lks FL 33308	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Winston V.P. (954) 783 4227

Date

Daytime Phone #

CR2E037 (1/98)