

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011330

**Entity Name:** SEPA CLUB INC.

**Current Principal Place of Business:**

5448 8 MILE RANCH ROAD  
SAINT CLOUD, FL 34773

**Current Mailing Address:**

6020 CAMP CYPRESS ROAD  
SAINT CLOUD, FL 34773 US

**FEI Number:** 94-3490566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HEMPHILL, RITA E  
6020 CAMP CYPRESS ROAD  
SAINT CLOUD, FL 34773 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name WEIERMAN, ALAN L PHD  
Address 638 SW BILTMORE STREET  
City-State-Zip: PORT ST. LUCIE FL 34983

Title DIRECTOR, VP  
Name SANDERS, HUNTER  
Address 816 WAVECREST DRIVE  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR, TREASURER  
Name HEMPHILL, RITA E  
Address 6020 CAMP CYPRESS ROAD  
City-State-Zip: SAINT CLOUD FL 34773

Title DIRECTOR  
Name SMITH, JOHN A  
Address 5450 8 MILE RANCH ROAD  
City-State-Zip: SAINT CLOUD FL 34773

Title DIRECTOR  
Name KUTZ, SYME  
Address 3746 GATLIN PLACE CIRCLE  
City-State-Zip: ORLANDO FL 32812

Title DIRECTOR  
Name SAYRE, GREG  
Address 4373 WYNDCLIFF CIRCLE  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name DACATO, MICHAEL  
Address 317 KRUEGER STREET  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name MERKEL, MARK  
Address 2612 EAST JERSEY STREET  
City-State-Zip: ORLANDO FL 32806

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RITA E HEMPHILL

**TREASURER**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WEIERMAN, MOLLY  
Address        1800 SW CAMEO BLVD  
City-State-Zip: PORT ST. LUCIE FL 34953

Title           DIRECTOR, SECRETARY  
Name           SCHMAL, HELEN  
Address        7450 CRABGRASS ROAD  
City-State-Zip: SAINT CLOUD FL 34773