

2013 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, SECRETARY,
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

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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

SECRETARY

04/23/2013

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