## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011330

Entity Name: SEPA CLUB INC.

FILED
Apr 20, 2016
Secretary of State
CC8839835917

**Current Principal Place of Business:** 

5448 8 MILE RANCH ROAD SAINT CLOUD. FL 34773

**Current Mailing Address:** 

5448 8 MILE RANCH ROAD SAINT CLOUD, FL 34773 US

FEI Number: 94-3490566 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOLBERT, LAURA 633 E HILLCREST ST ALTAMONTE SPRINGS, FL 32701 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: LAURA TOLBERT 04/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR, VP
Name KUTZ, SYME Name HEMPHILL, RITA E

Address 3746 GATLIN PLACE CIR Address 6020 CAMP CYPRESS ROAD

City-State-Zip: ORLANDO FL 32812 City-State-Zip: SAINT CLOUD FL 34773

Title DIRECTOR, TREASURER Title DIRECTOR, SECRETARY

Name JENKINS, KEVIN Name TOLBERT, LAURA

Address 4540 SIMMONS RD Address 633 E HILLCREST ST

City-State-Zip: ORLANDO FL 32812 City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR, KEY CHAIR Title **DIRECTOR** Name GARMANY, LINDA Name DACATO, MICHAEL Address 9450 CONCORD RD Address 317 KRUEGER STREET City-State-Zip: ST CLOUD FL 34773 ORLANDO FL 32839 City-State-Zip:

Title DIRECTOR, PAST PRESIDENT Title DIRECTOR

NameSANDER, HUNTERNameHOLZSCHUH, CURTISAddress816 WAVECREST DRAddress5233 US HWY 98 N<br/>#22

City-State-Zip: ORLANDO FL 32807 City-State-Zip: LAKELAND FL 33809

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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: LAURA TOLBERT DIRECTOR, SECRETARY 04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name STONE, DON

Address 4221 SW ILIAD ST

City-State-Zip: PORT ST LUCIE FL 34953

Title DIRECTOR
Name BAKER, SCOTT
Address 15118 N 24TH ST
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name SAYRE, GREG

Address 4373 WYNDCLIFF CIRCLE

City-State-Zip: ORLANDO FL 32817