

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S22271

**Entity Name:** SEA WAKE RESORTS, INC.

**Current Principal Place of Business:**

2840 WEST BAY DRIVE #347  
LARGO, FL 33770

**Current Mailing Address:**

2840 WEST BAY DRIVE #347  
LARGO, FL 33770 US

**FEI Number:** 59-3096046

**Certificate of Status Desired:** No

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

SEATON, DON L  
2840 WEST BAY DRIVE #347  
LARGO, FL 33770 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 VP  
Name SEATON, DARYL J  
Address 2840 WEST BAY DRIVE #347  
City-State-Zip: LARGO FL 33770

Title PRES  
Name SEATON, DON L  
Address 2840 WEST BAY DRIVE #347  
City-State-Zip: LARGO FL 33770

Title D  
Name SEATON, NANETTE L  
Address 2840 WEST BAY DRIVE #347  
City-State-Zip: LARGO FL 33770

Title D  
Name SEATON, JANE  
Address 2840 WEST BAY DRIVE #347  
City-State-Zip: LARGO FL 33770

Title VP  
Name GILL, LENETTE S  
Address 2840 WEST BAY DRIVE #347  
City-State-Zip: LARGO FL 33770

Title SEC  
Name DAMSKER, WENDY S  
Address 2840 WEST BAY DRIVE #347  
City-State-Zip: LARGO FL 33770

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DON L SEATON

RA

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date