FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:35

DOCUMENT # **200568** **(4)**

1. Corporation Name
THE SEA HORSE BATH AND TENNIS CLUB, INC.

Principal Place of Business	Mailing Address
4001 N OCEAN BLVD DELRAY BEACH FL 33483	4001 N OCEAN BLVD DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1957	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-0807976	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STANLEY, CAROL M.
29 N.E. FOURTH AVENUE
% MACMILLEN, STANLEY & PURDO
DELRAY BEACH FL 33447

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
(type or print name of registered agent as it appears) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MCCALLUM, ROBERT	12 NAME		
STREET ADDRESS	4001 N. OCEAN BLVD	13 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	~~EMERSON, EDWARD L.~~ FRANCIS BUCKLEY	22 NAME		
STREET ADDRESS	~~4001 N OCEAN BLVD~~ 1322 Brickell Dr.	23 STREET ADDRESS		
CITY ST ZIP	~~DELRAY BEACH FL~~ Ft. Lauderdale, FL. 33301	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GIOIA, FREDRICK	32 NAME		
STREET ADDRESS	4001 N. OCEAN BLVD.	33 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, DORIS	42 NAME		
STREET ADDRESS	4001 N OCEAN BLVD	43 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HOOPES SAMUEL	52 NAME		
STREET ADDRESS	4001 N. OCEAN BLVD.	53 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL 33483	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. Frederick Gioia, MD 3-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

D. Frederick Gioia, Director

0877060 CP