

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90187 050 \*\*\*150.00

DOCUMENT # 200568

1. Corporation Name

THE SEA HORSE BATH AND TENNIS CLUB, INC.

Principal Place of Business

4001 N OCEAN BLVD  
DELRAY BEACH FL 33483

Mailing Address

4001 N OCEAN BLVD  
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1957

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4001 N. Ocean Blvd.

Suite, Apt. #, etc.

22 City & State

23 Delray Beach

24 Zip Country

33483

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 FL

29 Zip 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 this 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

*Carol M. Stanley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-18-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D Mr. William Davis ☐ DELETE  
NAME 11061 Music Street  
STREET ADDRESS Newberry, OH 44065  
CITY-ST-ZIP

TITLE D Mrs. Anne Johnson ☐ DELETE  
NAME The Woodlands  
STREET ADDRESS 312 Clubhouse Road  
CITY-ST-ZIP

TITLE D Washington, PA 15301 ☐ DELETE  
NAME Mr. Francis K. Buckley  
STREET ADDRESS 1322 Brickell Drive  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE D ANDERSON, DORIS ☐ DELETE  
NAME 4001 N OCEAN BLVD  
STREET ADDRESS DELRAY BEACH FL  
CITY-ST-ZIP

TITLE P HOOPES SAMUEL ☐ DELETE  
NAME 4001 N. OCEAN BLVD.  
STREET ADDRESS DELRAY BEACH FL 33483  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Charles W. Dwyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

DATE

561-276-4111

Daytime Phone #

CR2E034 (11/98)