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PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 200568

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90187 050 ***150.00

THE SEA HORSE BATH AND TENNIS CLUB, INC.								
Principal Place of Business Mailing Address				I (Baile)(ë) i ddiin ebia) di	IN MINUS INSTA	11911 41913 616 11	#1#II #II	DIT BIBLI TODI
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DELRAY BEACH FL 33483 DELRAY BEACH FL 33483				DO NOTA	AIDITE IN '	THIS SPACE	=	
				3. Date Incorporated or Qual		I HIS SPACE		
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Principal Place of Business 2a. Mailing Address				03/08/1957 4. FEI Number		 -	Ann	lied For
				59-0807976		<u> </u>	+	Applicable
21 4001 N. Ocean Blvd. 26 Same Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.		ditional
22 27				5. Certificate of Status Desire	d [_		e Req	
City & State City & State			_	6. Election Campaign Finance	ing _	\$5	.00 N	May Be
23 Delray Beach 28 FL				Trust Fund Contribution		•	ded to	, ,
Zip Country Zip	Соцг	ntry		8. This corporation owes the	current yea	ar Intangible	_	_
24 33483 25 29	30			Personal Property Tax.		☐ Yes	; [No
9. Name and Address of Current Registered Agent		241		10. Name and Address of No	w Registe	ered Agent		
OTANIETY CAROL M	!	81 Na	me	,				
STANLEY, CAROL M.	Ì	82 St	eet Addre	ess (P.O. Box Number is Not Acc	eptable)	<u></u>		
29 N.E. FOURTH AVENUE								
% MACMILLEN, STANLEY & PURDO	ļ	83		•				
DELRAY BEACH FL 33447	İ	84 Cit	y	·		85	Zip C	ode
						FL °°		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida S office or registered agent, or both, in the State of Florida. Such change w 	itatutes, the ab	ove-nai	ned corpo	oration submits this statement for	the purpos accept the a	se of changi appointment	ng its r as reg	egisterea istered
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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.

561-276-4111