2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State
08-03-2005 90062 006 ***150.00

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

50059645

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

03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0807976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANLEY, CAROL M. 29 N.E. FOURTH AVENUE % MACMILLEN, STANLEY & PURDO DELRAY BEACH, FL 33447	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, WILLIAM 11061 MUSIC ST NEWBURY, OH 44065	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOULD, THORNE 3722 HESS ROAD MONKTON, MD 21111	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CORDERMAN, DAVID M 708 SPRUCE BROOK ROAD SOUTHBURY, CT 06488	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHURCH, GERALD 1030 S. FEDERAL HWY STE 118 DELRAY BEACH, FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TRITSCH, MARY JANE 3 LEXINGTON CIRCLE TERRACE PARK, OH 45174	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, DORIS 7 SURF RD. WESTPORT, CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIDAL, LORRAINE 1044 MADISON AVENUE NEW YORK, NY 10021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 422 E. 72ND ST. APT. 27B NEW YORK, NY 10021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thorne Gould Thorne Gould 3/11/05 561-276-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #