


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90016 042 \*\*\*158.75

<b>DOCUMENT # 200568</b> 1. Entity Name <b>THE SEA HORSE BATH AND TENNIS CLUB, INC.</b>					
Principal Place of Business <b>4001 N OCEAN BLVD DELRAY BEACH, FL 33483</b>			Mailing Address <b>4001 N OCEAN BLVD DELRAY BEACH FLA, 33483</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0807976</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STANLEY, CAROL M. 29 N.E. FOURTH AVENUE % MACMILLEN, STANLEY &amp; PURDO DELRAY BEACH, FL 33447</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				<b>FL</b> Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOULD, THORNE		NAME		
STREET ADDRESS	3722 HESS ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONKTON, MD 21111		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORDERMAN, DAVID M		NAME		
STREET ADDRESS	708 SPRUCE BROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	SOUTHBURY, CT 06488		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRITSCH, MARY JANE		NAME		
STREET ADDRESS	3 LEXINGTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TERRACE PARK, OH 45174		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, DORIS		NAME		
STREET ADDRESS	7 SURF RD.		STREET ADDRESS		
CITY-ST-ZIP	WESTPORT, CT 06880		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIDAL, LORRAINE		NAME		
STREET ADDRESS	422 EAST 72ND STREET SUITE 2712		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Shirley M. Shea</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-8-06</b> Daytime Phone # <b>561-276-4111</b>		

40041459



02092006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

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

FL Zip Code

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

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TITLE	VD	<input type="checkbox"/> Delete
NAME	TRITSCH, MARY JANE	
STREET ADDRESS	3 LEXINGTON CIRCLE	
CITY-ST-ZIP	TERRACE PARK, OH 45174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, DORIS	
STREET ADDRESS	7 SURF RD.	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VIDAL, LORRAINE	
STREET ADDRESS	422 EAST 72ND STREET SUITE 2712	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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SIGNATURE *Shirley M. Shea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-8-06** Daytime Phone # **561-276-4111**