

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90006 014 \*\*\*150.00

**DOCUMENT # 200568**

1. Entity 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 FLA, 33483**

**40051563**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**8040 Hosbrook, Suite 400**

Suite, Apt. #, etc.

City & State

**Cincinnati, OH**

Zip

**45236**

Country

02252008

Chg-P

CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME GOULD, THORNE  
STREET ADDRESS 3722 HESS ROAD  
CITY-ST-ZIP MONKTON, MD 21111

TITLE TD ☒ Delete  
NAME CORDERMAN, DAVID M  
STREET ADDRESS 708 SPRUCE BROOK ROAD  
CITY-ST-ZIP SOUTHURY, CT 06488

TITLE VD ☒ Delete  
NAME TRITSCH, MARY JANE  
STREET ADDRESS 3 LEXINGTON CIRCLE  
CITY-ST-ZIP TERRACE PARK, OH 45174

TITLE SD ☒ Delete  
NAME ANDERSON, DORIS  
STREET ADDRESS 7 SURF RD.  
CITY-ST-ZIP WESTPORT, CT 06880

TITLE VD ☒ Delete  
NAME VIDAL, LORRAINE  
STREET ADDRESS 422 EAST 72ND STREET SUITE 2712  
CITY-ST-ZIP NEW YORK, NY 10021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME Terry Jacobs  
STREET ADDRESS 8040 Hosbrook, Suite 400  
CITY-ST-ZIP Cincinnati, OH 45236

TITLE TD ☐ Change ☒ Addition  
NAME Jeffrey Jacobs  
STREET ADDRESS 8040 Hosbrook, Suite 400  
CITY-ST-ZIP Cincinnati, OH 45236

TITLE SD ☐ Change ☒ Addition  
NAME Michael Theye  
STREET ADDRESS 8040 Hosbrook, Suite 400  
CITY-ST-ZIP Cincinnati, OH 45236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Terry A. Jacobs, CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar. 14, 2008 513-381-1200*  
Date Daytime Phone #