

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90377 034 ****61.25

DOCUMENT # 721358 1. Entity Name SEAGATE BEACH CLUB, INC.					
Principal Place of Business 5291 SAND DOLLAR NAPLES, FL 34103 US			Mailing Address POST OFFICE BOX 770044 NAPLES, FL 34107 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7320977	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROSS, CHARLOTTE H 5291 SAND DOLLAR LN NAPLES, FL 34109				7. Name and Address of New Registered Agent 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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSER, DAVID 5187 STARFISH NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES PELTON 5092 STARFISH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SULLIVAN, MICK 5150 SEAHORSE NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEREDITH DE B 5138 STARFISH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DYKMAN, MARTHA 5040 SEASHELL NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILYN BRYAN 5124 SEASHELL NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSS, CHARLOTTE 5291 SAND DOLLAR NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOU, ERNIE 5194 SEAHORSE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLGAN, ANN 5127 SEASHELL NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOU, ERNIE 5194 SEAHORSE NAPLES, FL 34103
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 617, 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: <u>Charlotte H Gross</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4/25/08</u>					
Daytime Phone #					