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Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730107** (0)
1. Corporation Name
SEA EAGLE CLUB, INC.



Principal Place of Business 4100 CORPORATE SQUARE STE 157 NAPLES FL 33942 US	Mailing Address 4100 CORPORATE SQUARE STE 157 NAPLES FL 34104-4704 US
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3. Date Incorporated or Qualified 06/29/1974	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 R & P Property Management Suite, Apt. #, etc. 22 265 S. Airport Rd. City & State 23 Naples, FL Zip 24 34104	2a. Mailing Address 26 R & P Management, Inc. Suite, Apt. #, etc. 27 265 S. Airport Rd City & State 28 Naples, FL Zip 29 34104	4. FEI Number 59-1652474 Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
25 US		30 US	

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMCZEWSKI, BEVERLY
4100 CORPORATE SQUARE
STE 157
NAPLES FL 33942**

81 Name R & P Management	85 Zip Code 34104
82 Street Address (P.O. Box Number is Not Acceptable) 265 Airport Rd. S.	
83 1	
84 City Naples	85 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Dennis Carroll** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE TD	☒ Change ☐ Addition
NAME BRADLEY, WILLIAM F.		1.2 NAME	
STREET ADDRESS 4001 OLENTANGY RIVER RD		1.3 STREET ADDRESS	
CITY-ST-ZIP COLUMBUS OH		1.4 CITY-ST-ZIP	
TITLE TD	☐ DELETE	2.1 TITLE D	☒ Change ☐ Addition
NAME FEDERER, ARMIDA		2.2 NAME	
STREET ADDRESS 1888 OSPREY AVE #106		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME DAVIES, RICHARD		3.2 NAME	
STREET ADDRESS 1888 OSPREY AVE #205		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	4.1 TITLE D	☒ Change ☐ Addition
NAME BRILLINGER, MARGARET		4.2 NAME	
STREET ADDRESS 1888 OSPREY AVE, #102		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	5.1 TITLE VD	☒ Change ☐ Addition
NAME CATELOTTI, VINCENT		5.2 NAME	
STREET ADDRESS 1888 OSPREY AVE #101		5.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		5.4 CITY-ST-ZIP	
TITLE S	☐ DELETE	6.1 TITLE PD	☐ Change ☒ Addition
NAME HUTCHINSON, MARY ELLEN		6.2 NAME Edward Effer	
STREET ADDRESS 1888 OSPREY AVE #207		6.3 STREET ADDRESS 1888 Osprey Ave #109	
CITY-ST-ZIP NAPLES FL		6.4 CITY-ST-ZIP Naples FL 34102	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)