


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90040 017 \*\*\*\*61.25

<b>DOCUMENT # 730107</b> 1. Entity Name <b>SEA EAGLE CLUB, INC.</b>	
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Principal Place of Business <b>ATTN: LIONEL HEDDY, #209 1666 OSPREY AVENUE NAPLES FL 34102 US</b>	Mailing Address <b>C/O GULF VIEW PROPERTY 2335 9TH ST. SO. #505 NAPLES FL 34103 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-1652472</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>GULF VIEW PROPERTY MGMT 2335 9TH ST. SUITE 505 NAPLES FL 34103</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>      Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	
NAME	BRICKLEY, SCOTT	NAME	
STREET ADDRESS	1893 SNOOK DR	STREET ADDRESS	
CITY ST ZIP	NAPLES FL 34102	CITY ST ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	WILLIAMS, MARNEY	NAME	
STREET ADDRESS	1666 OSPREY AVE	STREET ADDRESS	
CITY ST ZIP	NAPLES FL 34102	CITY ST ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	Heddy, Lionel
NAME	REDDY, CIONEI	NAME	
STREET ADDRESS	1666 OSPREY AVE #209	STREET ADDRESS	
CITY ST ZIP	NAPLES FL 34102	CITY ST ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	BERLAM, BOB	NAME	
STREET ADDRESS	1666 OSPREY AVE	STREET ADDRESS	
CITY ST ZIP	NAPLES FL 34102	CITY ST ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	JACOBUS, RICHARD	NAME	
STREET ADDRESS	1666 OSPREY AVE #102	STREET ADDRESS	
CITY ST ZIP	NAPLES FL 34102	CITY ST ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bob Berlam*      239-403-7971      March 29, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone