

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-23-2008 90021 035 ****61.25
730107


FILED

08 JUN 18 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730107

1. Entity Name
SEA EAGLE CLUB, INC.



Principal Place of Business
**ATTN: LIONEL HEDDY, #209
1666 OSPREY AVENUE
NAPLES, FL 34102 US**

Mailing Address
**C/O GULF VIEW PROPERTY
2335 9TH ST. SO. #505
NAPLES, FL 34103 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1652472

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**GULF VIEW PROPERTY MGMT
2335 9TH ST.
SUITE 505
NAPLES, FL 34103**

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 _____ DATE _____

By signature, holder of record with the registered agent and the filer certifies. (NOTE: Registered Agent's signature required when certifying.)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	VO BRICKLEY, SCOTT 1893 SNOOK DR NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D WILLIAMS, MARNEY 1666 OSPREY AVE NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD HEDDY, LIONEL 1666 OSPREY AVE #209 NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BERLAM, BOB 1666 OSPREY AVE NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	PD JACOBUS, RICHARD 1666 OSPREY AVE #102 NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WILLIAMS, MARNEY 1666 OSPREY AVENUE NAPLES FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HEDDY, LIONEL 1666 OSPREY AVENUE NAPLES FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD IRWIN, SHERRY, P O BOX 11958 NAPLES FL 34101	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or subsequent reports 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 or without other like empowered.

SIGNATURE: _____ **4/10/08** **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing