

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90044 032 ****61.25

DOCUMENT # 732532

1. Entity Name
SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5000 NORTH OCEAN BLVD.
FT LAUDERDALE, FL 33308**

Mailing Address
**5000 NORTH OCEAN BLVD.
FT LAUDERDALE, FL 33308**

94037569



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1657961

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGER, RANDALL K P.A.
621 NW 53 ST
SUITE 300
BOCA RATON, FL 33487**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **D** ☐ Delete
NAME **MCMLURE, CLARK DR.**
STREET ADDRESS **5100 N. OCEAN BLVD**
CITY-ST-ZIP **LBTS, FL 33308**

TITLE **D** ☐ Delete
NAME **GADRY, MARY**
STREET ADDRESS **5000 N OCEAN BLVD**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **TD** ☐ Delete
NAME **RUSSO, DANTE**
STREET ADDRESS **4900 N. OCEAN BLVD**
CITY-ST-ZIP **CBTS, FL 33308**

TITLE **VD** ☐ Delete
NAME **PENTA, JAMES**
STREET ADDRESS **5100 N. OCEAN BLVD**
CITY-ST-ZIP **LBTS, FL 33308**

TITLE **PD** ☐ Delete
NAME **DIMARCO, TOM**
STREET ADDRESS **5000 N OCEAN BLVD**
CITY-ST-ZIP **FT. LAUD, FL 33398**

TITLE **VD** ☐ Delete
NAME **PARKER, OLIVER**
STREET ADDRESS **4900 N OCEAN BLVD**
CITY-ST-ZIP **LBTS, FL 33308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **GAIL COLEMAN** ☒ Change ☐ Addition
NAME **5000 N. OCEAN BLVD**
STREET ADDRESS **LBTS, FL 33308**
CITY-ST-ZIP

TITLE **SO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **DEBORAH GIBSON**
STREET ADDRESS **4900 N. OCEAN BLVD**
CITY-ST-ZIP **CBTS, FL 33308**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Art Fowler, Controller 3/23/04 94037569