

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90078 022 ****61.25

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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**

50028029



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1657961

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, GAIL
5000 N OCEAN BLVD
LAUDERDALE BY THE SEA, FL 33308** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
SMITH, GARY T.
5100 N. OCEAN BLVD
LAUD, BY THE SEA, FL 33308** ☒ Change ☐ Addition

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KELIGRAEYER, NANCY
5700 N. OCEAN BLVD
LAUD BY THE SEA, FL 33308** ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIBSON, DEBORAH
4900 N. OCEAN BLVD
LBTS, FL 33308** ☐ Delete

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

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 address, with or other like empowered.

SIGNATURE:

[Signature]

GARY T. SMITH

3/16/05

954-946-2471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #