

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738511 (5)

1. Corporation Name

SEA PINES CRUISE AND FISHING CLUB, INC.

Principal Place of Business

7817 GULFWAY
HUDSON FL 34667-4004

Mailing Address

7817 GULFWAY
HUDSON FL 34667-4004



400001758514
-03/30/96-01159-027
**01.25

3. Date Incorporated or Qualified
03/30/1977

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

59-1727367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

9. Name and Address of Current Registered Agent

NUZZO, MARK
7518 YACHTSMAN DR.
HUDSON FL 34667

10. Name and Address of New Registered Agent

81

Name

THOMAS HIMEBAUGH

82

Street Address (P.O. Box Number is Not Acceptable)

7335 SOUTHWIND DR.

83

City

HUDSON

84

State

FL

85 Zip Code

34667

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

Thomas Himebaugh
Signature, typed or printed name of registered agent if not applicable

THOMAS HIMEBAUGH - Commodore

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	NUZZO, MARK	
STREET ADDRESS	7518 YACHTSMAN DR.	
CITY-ST-ZIP	HUDSON FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	HIMEBAUGH, THOMAS	
STREET ADDRESS	7335 SOUTHWIND DR.	
CITY-ST-ZIP	HUDSON FL	
TITLE	RC	<input type="checkbox"/> DELETE
NAME	REED, ERNEST DR.	
STREET ADDRESS	7502 YACHTSMAN DR.	
CITY-ST-ZIP	HUDSON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEELE, F A	
STREET ADDRESS	15615 BERTRAM DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	RS	<input type="checkbox"/> DELETE
NAME	KRETZMER, DONNA	
STREET ADDRESS	7038 SOUTHWIND DR.	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		THOMAS HIMEBAUGH	
1.3 STREET ADDRESS		7335 SOUTHWIND DR.	
1.4 CITY-ST-ZIP		HUDSON FL. 34667	
2.1 TITLE	VCD	VICE COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		ERNEST REED	
2.3 STREET ADDRESS		7502 YACHTSMAN	
2.4 CITY-ST-ZIP		HUDSON FL. 34667	
3.1 TITLE	RCD	REAR COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		JACK FARKELL	
3.3 STREET ADDRESS		6905 SOUTHWIND DR.	
3.4 CITY-ST-ZIP		HUDSON FL. 34667	
4.1 TITLE	TD	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		FINIS STEELE	
4.3 STREET ADDRESS		15615 BERTRAM DR.	
4.4 CITY-ST-ZIP		HUDSON FL 34667	
5.1 TITLE	SD	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		GAYLA BROWN	
5.3 STREET ADDRESS		15541 CENTURY DR.	
5.4 CITY-ST-ZIP		HUDSON FL. 34667	
6.1 TITLE	CSD	CREATING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		KAY REED	
6.3 STREET ADDRESS		7502 YACHTSMAN DR.	
6.4 CITY-ST-ZIP		HUDSON FL. 34667	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Thomas Himebaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS HIMEBAUGH

Date:

862-43823-20
Daytime Phone #

CR2E037 (12/95)