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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

3. Date incorporated or Qualified

03/30/1977

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HIMEBAUGH, THOMAS  
7335 SOUTHWIND DR.  
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

Thomas Himebaugh

(NOTE: Registered Agent signature required when reinstating)

1-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CSD  
REED, KAY  
7502 YACHTSMAN DR.  
HUDSON FL 34667

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD  
HIMEBAUGH, THOMAS  
7335 SOUTHWIND DR.  
HUDSON FL 34667

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VCD  
REED, ERNEST DR.  
7502 YACHTSMAN DR.  
HUDSON FL 34667

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD  
ALVES, NESTOR  
7438 YACHTSMAN DR  
HUDSON FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD  
JENNINGS, JOAN  
15616 DONZI DR  
HUDSON FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

RCD  
FARRELL, JACK  
6905 SOUTHWIND DR  
HUDSON FL 34667

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☒ Addition

TD  
Catherine Warner  
7422 Yachtsman Dr.  
Hudson FL 34667

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. 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 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, Commodore 813-862-4382

CR2E037 (10/97)