



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90153 019 \*\*\*\*61.25

<b>DOCUMENT # 739517</b>					
1. Entity Name SEA CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4141 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228		Mailing Address 4141 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228		<p style="font-size: 24pt; text-align: center;"><b>50012323</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		04092006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1796783	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOKSAL, TUNCER 210 22ND ST NE BRADENTON, FL 34208			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 SMITH, ROGER 1313 STAGECOACH RD SE ALBUQUERQUE, NM 87123	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Fecher, Roger 8330 Catamaran Drive Indianapolis, IN 46236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ACHRE, PAUL 695 KOONCE RD HERMITAGE, PA 16148	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD Achre, PAUL 145 Gulf of Mexico Dr./m-2 #210 Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TSD MIGONE, MIKE PO BOX 336 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KONSAL, (KIRK) TUNVER 210 22ND STREET NE BRADENTON, FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	KOKSAL, (Kirk) Tuncer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DONNELLY, DONALD 646 JEFFERSON AVE. TOWNSHIP OF WASHINGTON, NJ 07676	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Donnelly, PATRICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BRADLEY, VINCE 3119 LITHIA PINECREST RD. VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Cindy Dunkelberger 4506 Pinfish Lane Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" 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 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: <u>Paul Achre</u>		4-12-06		941383-2431	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>Doc. No. 11/05</small>	