

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 006 ****61.25

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04052007 · Chg-NP CR2E037 (12/06)

DOCUMENT # 739517					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1796783	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 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		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FECHER, ROGER	NAME			
STREET ADDRESS	8330 CATAMARAN DR	STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS, IN 46236	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACHRE, PAUL	NAME			
STREET ADDRESS	1945 GULF OF MEXICO DR/ M-2 #210	STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	CITY-ST-ZIP			
TITLE	TSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIGONE, MIKE	NAME			
STREET ADDRESS	PO BOX 336	STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOKSAL, (KIRK)TUNCER	NAME			
STREET ADDRESS	210 22ND STREET NE	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONNELLY, PATRICK	NAME			
STREET ADDRESS	646 JEFFERSON AVE.	STREET ADDRESS			
CITY-ST-ZIP	TOWNSHIP OF WASHINGTON, NJ 07676	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNKELBERGER, CINDY	NAME			
STREET ADDRESS	4506 PINFISH LN	STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP			
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>Kirk M Migone</u> 4/30/07 Director					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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Division of Corporations

Annual Report

Annual Report Help

Document Number

739517

Business Entity Name

SEA CLUB I HOMEOWNERS ASSOCIATION, INC.

FEI Number 591796783
FEI Number Status [X] Listed Above [] Applied For [] Not Applicable
Certificate of Status Desired [] Yes [X] No \$8.75 each
Election Campaign Financing Trust Fund Contribution [] Yes [X] No

Principal Place of Business

Address 4141 GULF OF MEXICO DRIVE
Suite, Apt. #, etc.
City, State LONGBOAT KEY, FL
Zip Code & Country 34228

Mailing Address

Address 4141 GULF OF MEXICO DRIVE
Suite, Apt. #, etc.
City, State LONGBOAT KEY, FL
Zip Code & Country 34228

Name and Address of Registered Agent

Name (Last, First, Middle, Title) KOKSAL, TUNCER

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 210 22ND ST NE
Suite, Apt. #, etc.
City, State BRADENTON, FL
Zip Code & Country 34208 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	D
Name (Last, First, Middle, Title)	FECHER , ROGER , ,
- OR -	
Entity Name to serve as Officer/Director	KEVIN M. MIGONE Director
Street Address	8330 CATAMARAN DR
City, State	INDIANAPOLIS , IN
Zip Code & Country	46236
Title	PD
Name (Last, First, Middle, Title)	ACHRE , PAUL , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	1945 GULF OF MEXICO DR/ M-2 #210
City, State	LONGBOAT KEY , FL
Zip Code & Country	34228
Title	TSD
Name (Last, First, Middle, Title)	MIGONE , MIKE , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	PO BOX 336
City, State	LONGBOAT KEY , FL
Zip Code & Country	34228
Title	VD

ATTACHMENT
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Name (Last, First, Middle, Title)

KOKSAL (KIRK)TUNCER

- OR -

Entity Name to serve as
Officer/Director

Street Address

210 22ND STREET NE

City, State

BRADENTON, FL

Zip Code & Country

34208

Title

D

Name (Last, First, Middle, Title)

DONNELLY, PATRICK

- OR -

Entity Name to serve as
Officer/Director

Street Address

646 JEFFERSON AVE.

City, State

TOWNSHIP OF WASHINGTON, NJ

Zip Code & Country

07676

Title

D

Name (Last, First, Middle, Title)

DUNKELBERGER, CINDY

- OR -

Entity Name to serve as
Officer/Director

Street Address

4506 PINFISH LN

City, State

PALMETTO, FL

Zip Code & Country

34221

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.