


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 015 ****61.25

DOCUMENT # 739517					
1. Entity Name SEA CLUB I 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		03212008 Chg-NP CR2E037 (12/06)	
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 <i>Tuncer Kosal</i>			DATE 3-21-08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FECHER, ROGER		NAME	Vince Bradley	
STREET ADDRESS	8330 CATAMARAN DR		STREET ADDRESS	708 Lithia Pinecrest Rd, Ste #101	
CITY-ST-ZIP	INDIANAPOLIS, IN 46236		CITY-ST-ZIP	Brandon FL 33511	
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 checked="" 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 checked="" 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: <i>Tuncer Kosal</i> VP			DATE: 3-21-08		DAYTIME PHONE #: 941-383-2431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #