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FILED

Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742503 (6)

1. Corporation Name

SEA CLUB II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5955 MIDNIGHT PASS ROAD  
SARASOTA FL 34242-8707

Mailing Address

5955 MIDNIGHT PASS ROAD  
SARASOTA FL 34242-87073. Date Incorporated or Qualified  
04/18/19783a. Date of Last Report  
01/25/1996

4. FEI Number

59-1873189

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, WILLIAM D  
479 ALBEE FARM ROAD  
VENICE FL 34292 - 1203

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME O'REILLY, FRANCIS C  
STREET ADDRESS 448 LOIS DRIVE  
CITY-ST-ZIP PITTSBURGH PATITLE TD ☒ DELETE  
NAME THEISEN, MICHEAL  
STREET ADDRESS 6207 KINMORE  
CITY-ST-ZIP DEARBORN HEIGHTS MITITLE SD ☐ DELETE  
NAME MALOY, MICHEAL  
STREET ADDRESS 1145 AVON ROAD  
CITY-ST-ZIP SCHNECTADY NYTITLE SD ☐ DELETE  
NAME NUTTLE, TED  
STREET ADDRESS 2401 STANNYE CT  
CITY-ST-ZIP LOUISVILLE KYTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE Walter Balcer TD ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5955 Midnight Pass Road  
1.4 CITY-ST-ZIP Sarasota, Fla. 342422.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Walter Balcer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/97

Daytime Phone # 0063766

CR2E037 (9/96)