

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90096 039 \*\*\*\*61.25

**DOCUMENT # 742503**

1. Entity Name  
**SEA CLUB II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5955 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242**

Mailing Address  
**5955 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1873189**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUS PROPERTY MGMT.  
2477 STICKNEY POINT RD.  
#118A  
SARASOTA, FL 34231**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	PELERSI, MARK	
STREET ADDRESS	30 WOODS HILL RD.	
CITY-ST-ZIP	VOORHEESVILLE, NY 12186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARKE, DOUG	
STREET ADDRESS	31220 FROMAN COURT	
CITY-ST-ZIP	BINGHAM FARMS, MI 48025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOMASESKI, RAYMOND	
STREET ADDRESS	1467 LINDEN AVE.	
CITY-ST-ZIP	LA SALLE, IL 61301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADAMS, CHRISTINE	
STREET ADDRESS	3816 E FOREST DR.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINNER, LEONARD	
STREET ADDRESS	255 N LYLE AVE.	
CITY-ST-ZIP	ELGIN, IL 60123	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Doug Hawke</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>31220 Froman Ct</b>	
STREET ADDRESS	<b>Bingham Farms, MI 48025</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jay Murphy</b>	
STREET ADDRESS	<b>12775 Kite Dr</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34212</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/07**