

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 12, 2005 8:00 am  
Secretary of State**

01-12-2005 90004 046 \*\*\*61.25

**DOCUMENT # 750417**

1. Entity Name  
**SEAPORT SERTOMA CLUB, INC.**



Principal Place of Business  
2901 WEST BUSCH BLVD.  
SUITE 1010  
TAMPA, FL 33618

Mailing Address  
P.O. BOX 5794  
SUITE 1010  
TAMPA, FL 33675 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>51-0244310</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip      Country

Zip      Country

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

**6. Name and Address of Current Registered Agent**

**WIND, SHELDON L.  
5700 MEMORIAL HWY  
STE 102  
TAMPA, FL 33615**

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, 2005**

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      SD  
NAME      WIND, SHELDON L  
STREET ADDRESS      5700 MEMORIAL HWY STE 102  
CITY-ST-ZIP      TAMPA, FL 33615

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE      CD  
NAME      MERLIN, WILLIAM  
STREET ADDRESS      3014 W FAIR OAKS AVE  
CITY-ST-ZIP      TAMPA, FL 33611

Delete

TITLE      CD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE      PD  
NAME      WHITING, ARTHUR III  
STREET ADDRESS      38240 PEAR COURT  
CITY-ST-ZIP      ZEPHYRHILLS, FL 33542

Delete

TITLE      PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE      D  
NAME      DYBLE, DON  
STREET ADDRESS      8023 LYNN AVENUE  
CITY-ST-ZIP      TAMPA, FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE      TD  
NAME      WHALEY, WILLIAM E  
STREET ADDRESS      4225 BRIARBERRY LN  
CITY-ST-ZIP      TAMPA, FL 33624

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE        
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

12. I 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 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

1/10/05      813 963 3209  
Date      Daytime Phone #