

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**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**



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0244310**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

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

**U000000584208  
01/12/07-80027-007 61.25**

**10. OFFICERS AND DIRECTORS**

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

TITLE CD  
NAME WILLIAM, MERLIN  
STREET ADDRESS 3014 W. FAIR OAKS AVE.  
CITY-ST-ZIP TAMPA, FL 33611641

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

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

TITLE SD  
NAME MACDONALD, DEE  
STREET ADDRESS 1308 CORNER OAKS DR.  
CITY-ST-ZIP BRANDON, FL 335102353

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William E. Whaley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/07*

DATE

*813 963 3209*

Daytime Phone #