

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

DOCUMENT # 810346

(7)

55 MAY -1 AM 9:55

1. Corporation Name

THE SEA CLUB

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1221 HILLSBORO MILE HILLSBORO BEACH FL 33062	Mailing Address 1221 HILLSBORO MILE HILLSBORO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/09/1955	3a. Date of Last Report 03/08/1994
4. FEI Number 59-0754805	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 Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent MCCORMACK, EDWARD J 1221 HILLSBORO MILE Apt. 48B HILLSBORO BCH FL 33062	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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10. Name and Address of New Registered Agent FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE

Printed Name of registered agent and use if applicable

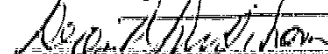
NOTE: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SCHAEFER, JOHN
STREET ADDRESS	1221 HILLSBORO MILE Apt. 46B
CITY - ST - ZIP	HILLSBORO BCH, FL 00000
TITLE	S
NAME	D'ARCY, STUART
STREET ADDRESS	Apt. 18C
CITY - ST - ZIP	1221 HILLSBORO MILE HILLSBORO BCH, FL 00000
TITLE	T
NAME	LINDSTROM, DEAN
STREET ADDRESS	Apt. 8B
CITY - ST - ZIP	1221 HILLSBORO MILE HILLSBORO BCH, FL 00000
TITLE	VP
NAME	SCHAARDT, W. T. D
STREET ADDRESS	1221 HILLSBORO MILE Apt. 21A
CITY - ST - ZIP	HILLSBORO BEACH FL
TITLE	
NAME	McCormack, Edward J. D
STREET ADDRESS	1221 Hillsboro Mile Apt. 48B
CITY - ST - ZIP	Hillsboro Beach, Fl. 33062
TITLE	
NAME	Lazowski, Alice D
STREET ADDRESS	1221 Hillsboro Mile Apt. 28C
CITY - ST - ZIP	Hillsboro Beach, Fl. 33062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:  Dean R. Lindstrom, Treasurer 4/14/95 305-428-0688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)