2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#810346

City-St-Zip:

Entity Name: THE SEA CLUB

FILED Mar 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1221 HILLSBORO MILE HILLSBORO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** 1221 HILLSBORO MILE HILLSBORO BEACH, FL 33062 FEI Number: 59-0754805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRISON, JOHN F JR 1221 HILLSBORO MILE 17B HILLSBORO BCH, FL 33062 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FOLIN, CAROLYN Name: Name: 1245 DERBY ROAD APT 5 Address: Address: City-St-Zip: BIRMINGHAM, MI 48009 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition Name: BYRNES, MIKE Name: BYRNES, MIKE Address: 1221 HILLSBORO MILE, #39C Address: 1221 HILLSBORO MILE, #39C City-St-Zip: HILLSBORO BEACH, FL 33062 City-St-Zip: HILLSBORO BEACH, FL 33062 Title: () Delete Title: () Change () Addition RIGBY, RICK Name: Name: 1385 YORK RD BOX 254 Address: Address: City-St-Zip: ST. DAVIDS, ON LOS 1PO City-St-Zip: Title: PD () Delete Title: (X) Change () Addition Name: WALKER, JOHN Name: PERRELLI, PAT 277 RECARDO ST. BOX 1274 253 BRAESIDE DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

HAMDEN, CT 06514

SIGNATURE: MIKE BYRNES PD 03/09/2004

NIAGRA ON THE LAKE, ON LOS 1JO