2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# 810346

Entity Name: THE SEA CLUB

Current Principal Place of Business:

1221 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1221 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-0754805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JOHN F JR
1221 HILLSBORO MILE 17B
HILLSBORO BCH, FL 33062 US

Name and Address of New Registered Agent:

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:

Title: S ( ) Delete
Name: FOLIN, CAROLYN
Address: 1245 DERBY ROAD APT 5
City-St-Zip: BIRMINGHAM, MI 48009

Title: PD ( ) Delete
Name: BYRNES, MIKE
Address: 1221 HILLSBORO MILE, #39C
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: TD ( ) Delete
Name: RIGBY, RICK
Address: 1385 YORK RD BOX 254
City-St-Zip: ST. DAVIDS, ON LOS 1PO

Title: VP ( ) Delete
Name: PERRELLI, PAT
Address: 253 BRAESIDE DRIVE
City-St-Zip: HAMDEN, CT 06514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: TADDEO, MOLLY
Address: 466 OLD MILL RUN
City-St-Zip: MANSFIELD, OH 44906

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MIKE BYRNES PD 03/03/2005

Electronic Signature of Signing Officer or Director — Date