## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 810346** 

VP

TADDEO, NICK

567 HAWTHORNE LANE

MANSFIELD, OH 44907

( ) Delete

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE SEA CLUB

FILED Mar 06, 2008 Secretary of State

Entity Nai	me: THE SEA	CLUB			
Current Principal Place of Business:			New Principal Place of Business:		
	SBORO MILE RO BEACH, FL	33062			
Current M	lailing Addres	ss:	New Mailing Address:		
	SBORO MILE RO BEACH, FL	33062			
FEI Number	: 59-0754805	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1221 HILLS	N, JOHN F JR SBORO MILE RO BCH, FL 33	17B			
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Age			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S ( ) TADDEO, MOLI 567 HAWTHOR MANSFIELD, O	N LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TR ( ) MCLACHLAN, J 5521 S. POPLA COLUMBUS, IN	AR DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD ( ) Delete PERRELLI, PAT 253 BRAESIDE DRIVE HAMDEN, CT 06514		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MORRISON, JO 1221 HILLBOR		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN F. MORRISON VP 03/06/2008

() Change () Addition