

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 832571

1. Entity Name
SEA RANCH PROPERTIES, INC.



Principal Place of Business
312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE, FL 33316-2524

Mailing Address
312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE, FL 33316-2524



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2536378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLOSKEY, DONALD C.
200 EAST BROWARD BOULEVARD
15TH FLOOR
FT. LAUDERDALE, FL 33301

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPDT
NAME	PALMER, CHARLES L.
STREET ADDRESS	312 SE 17TH STREET, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 333162524
TITLE	D
NAME	GORE, THEODORE T., SR.
STREET ADDRESS	312 SE 17TH STREET, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 333162524
TITLE	D
NAME	GORE, GEORGE H.
STREET ADDRESS	312 SE 17TH STREET, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 333162524
TITLE	SD
NAME	MCCLOSKEY, DONALD C.
STREET ADDRESS	200 EAST BROWARD BOULEVARD, 15TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	MCGINTY, DENTON E.
STREET ADDRESS	312 SE 17TH STREET, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 333162524
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80019-018 150.00

**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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-08 (954) 463-0681

Daytime Phone #

Charles L. Palmer