


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90027 006 ****61.25

DOCUMENT # N04000008115					
1. Entity Name SEACOAST EMPLOYEES CLUB, INC.					
Principal Place of Business 4200 HOOD RD PALM BEACH GARDENS, FL 33410			Mailing Address 4200 HOOD RD PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NASON, NATHAN E C/O NASON YEAGER GERSON WHITE & LIOCE PA 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TAKAHASHI, BOB 4232 SW JARNER RD PORT ST. LUCIE, FL 334953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Williams, James 840 Northern Drive Lake Park, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, DANA 4200 HOOD ROAD PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Baez, Candelario 1320 Maple Street West Palm Beach, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LYNCH, DAWN MARIE 8615 CRATER TERRACE LAKE PARK, FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Rivera, Marlene 11642 Banyan Street Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RUIZ, JESSICA 4200 HOOD ROAD PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mem Haas, Kelly 16260 94th Street North Loxahatchee, FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ALLISON, KELLY 4357 ARBOR WAY PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mem Bozzo, Anthony 2950 SW Bright St Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TINOCO, ROBERTO 4200 HOOD ROAD PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u>Dawn Marie Lynch</u> Dawn Marie Lynch, Tres. 3/19/07 561-627-2900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60025821



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1510407

Applied For
Not Applicable

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

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
TAKAHASHI, BOB
4232 SW JARNER RD
PORT ST. LUCIE, FL 334953

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SANCHEZ, DANA
4200 HOOD ROAD
PALM BEACH GARDENS, FL 33410

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
LYNCH, DAWN MARIE
8615 CRATER TERRACE
LAKE PARK, FL 33403

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
RUIZ, JESSICA
4200 HOOD ROAD
PALM BEACH GARDENS, FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
ALLISON, KELLY
4357 ARBOR WAY
PALM BEACH GARDENS, FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
TINOCO, ROBERTO
4200 HOOD ROAD
PALM BEACH GARDENS, FL 33410

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres
Williams, James
840 Northern Drive
Lake Park, FL 33403

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Baez, Candelario
1320 Maple Street
West Palm Beach, FL 33406

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
Rivera, Marlene
11642 Banyan Street
Palm Beach Gardens, FL 33410

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mem
Haas, Kelly
16260 94th Street North
Loxahatchee, FL 33470

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mem
Bozzo, Anthony
2950 SW Bright St
Port St. Lucie, FL 34953

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: Dawn Marie Lynch Dawn Marie Lynch, Tres. 3/19/07 561-627-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #