


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 021 ****61.25

DOCUMENT # N31328	
1. Entity Name SOUTHWEST FLORIDA SEA RAY OWNERS CLUB, INC.	

Principal Place of Business 4925 SE 11TH CT CAPE CORAL, FL 33914	Mailing Address 4925 SE 11TH CT CAPE CORAL, FL 33914
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40010210



2. Principal Place of Business - No P.O. Box # 14270 ROYAL HARBOUR CT	3. Mailing Address 14270 ROYAL HARBOUR CT
Suite, Apt. #, etc. FT. MYERS	Suite, Apt. #, etc. 620
City & State FL	City & State FT MYERS, FL
Zip 33908	Country USA

02052007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINDRED, BERNIE 4925 SW 11TH CT CAPE CORAL, FL 33914	
7. Name and Address of New Registered Agent Name JONES, JUDITH A. Street Address (P.O. Box Number is Not Acceptable) 14270 ROYAL HARBOUR CT. #620 City FT. MYERS FL Zip Code 33908	

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 *Judith A. Jones* DATE *Feb. 5, 2007*
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPP, JAMES 4920 SW 8TH CT CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BACHOLDZ, TIM 4450 LAKESIDE AVE NORTH FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CROUCH, MARIANNE 11466 OSPREY LANDING WAY FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MARTA, ROBERT 5408 SW 12TH PL CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBRET 300 LENELL RD FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JONES, JUDITH A 14270 ROYAL HARBOUR CT. #620 FT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINDRED, BERNIE 2625 SW 11 CT CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SIMON, RICHARD 1090 N. WATERWAY DR. FT. MYERS, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Judith A. Jones* DATE *Feb. 5, 2007* 239-541-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR