

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31328

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA SEA RAY OWNERS CLUB, INC.

**Current Principal Place of Business:**

377 ZUNI TRAIL  
FORT MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

377 ZUNI TRAIL  
FORT MYERS BEACH, FL 33931

**New Mailing Address:**

377 ZUNI TRAIL  
FORT MYERS BEACH, FL 33931 UN

**FEI Number:** 65-0190285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENLON, RANDAL J  
377 ZUNI TRAIL  
FORT MYERS BEACH, FL 33931 US

**Name and Address of New Registered Agent:**

SEIDERS, JEANETTE  
1218 SW 51ST ST  
CAPE CORAL, FL 33914 US

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: JEANETTE SEIDERS

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: ZELL, RICHARD  
Address: 4919 SW 8TH CT  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD  
Name: VITALE, ART  
Address: 5613 GULF SHORE BLVD N UNIT #203  
City-St-Zip: CAPE CORAL, FL 33914

Title: TD  
Name: SEIDERS, JEANETTE  
Address: 1218 SW 51ST STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: SD  
Name: RICHARD, SIMON  
Address: 1090 N WATERWAY DRIVE  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: JEANETTE SEIDERS

TREA

02/09/2012

Electronic Signature of Signing Officer or Director

Date