

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

04-07-2004 90344 044 ****61.25

DOCUMENT # N39153

1. Entity Name
SEA RAY CLUB OF JACKSONVILLE, INC.



Principal Place of Business
2825 HOLLYBAY ROAD
ORANGE PARK, FL 32073 US

Mailing Address
2825 HOLLYBAY ROAD
ORANGE PARK, FL 32073 US

66424305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3125281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUITE, DON
4361 TRADEWINDS DRIVE
JACKSONVILLE BEACH, FL 32250

Name **GARY MARSH**

Street Address (P.O. Box Number is Not Acceptable)

4234 STOURHEAD LAKE

City

JACKSONVILLE

FL

Zip Code

32225

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

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **STEPHENSON, LARRY**
STREET ADDRESS **3833 FORREST DR**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **VICE COMMANDER** ☐ Change ☒ Addition
NAME **DON GUITE**
STREET ADDRESS **4361 TRADEWINDS DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32250**

TITLE **VD** ☒ Delete
NAME **PARLATO, LINDA**
STREET ADDRESS **1084 SECRET OAKS PLACE**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE **REAR COMMANDER** ☐ Change ☒ Addition
NAME **BILL MCFARLAND**
STREET ADDRESS **2257 LAKESHORE DR N**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE **T** ☒ Delete
NAME **COOK, LINDA**
STREET ADDRESS **2825 HOLLYBAY ROAD**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **STEPHENSON, PATTI**
STREET ADDRESS **3833 FORREST DRIVE**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GUITE, ALINE**
STREET ADDRESS **4361 TRADEWINDS DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32250**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DD** ☒ Delete
NAME **WHIPPLE, PAULA**
STREET ADDRESS **6333 CUSTER ROAD**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ALINE L. GUITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04 904-724-7800

Date Daytime Phone #