

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 001 ****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 4361 TRADEWINDS DRIVE JACKSONVILLE, FL 32250 US	
2. Principal Place of Business		3. Mailing Address 2549 WHISPERING PINES DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORANGE PARK, FL	
Zip	Country	Zip	Country
		32003	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARCH, GARY 4234 STOURHEAD LANE JACKSONVILLE, FL 32225		Name JOHN LEVERS	
		Street Address (P.O. Box Number is Not Acceptable) 3165-18 FIRST AVE	
		FERMINA BEACH, FL 32034	
		City	Zip Code
		FL	
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 JOHN S. LEVERS		DATE 3/29/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2005		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	VC	TITLE	VC
NAME	GUITE, DON	NAME	LARRY STEPHENSEN
STREET ADDRESS	4361 TRADEWINDS DRIVE	STREET ADDRESS	3833 FORREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32250	CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	RC	TITLE	RC
NAME	MC FARLAND, BILL	NAME	MARIANNE SMITH
STREET ADDRESS	2257 LAKESHORE DRIVE N.	STREET ADDRESS	2549 WHISPERING PINES DR.
CITY-ST-ZIP	ORANGE PARK, FL 32003	CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	S	TITLE	S
NAME	STEPHENSON, PATTI	NAME	JUDY LEVERS
STREET ADDRESS	3833 FORREST DRIVE	STREET ADDRESS	3165-18 FIRST AVE
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	FERMINA BEACH, FL 32034
TITLE	S	TITLE	S
NAME	GUITE, ALINE	NAME	EDNA BAYLER
STREET ADDRESS	4361 TRADEWINDS DRIVE	STREET ADDRESS	388 ARTHUR MOORE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32250	CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE		TITLE	RAY SMITH
NAME		NAME	2549 WHISPERING PINES DR.
STREET ADDRESS		STREET ADDRESS	ORANGE PARK, FL 32003
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

50033700



03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3125281

Applied For
Not Applicable

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

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.

RAYMOND K. SMITH, TREAS. 4/1/05 (904) 710-0081