FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # N46239 (2)

1. Corporation Name
SEARS TAMPA BAY RETIREE CLUB, INC.

Principal Place of Business	Mailing Address
% JOSE M. GARCIA 6307 NESTING COURT TAMPA FL 33625	% JOSE M. GARCIA 6307 NESTING COURT TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1991
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3095855 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10401 LAKE GROVE DR.	26 10401 LAKE GROVE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ODESSA, FL. 33556	City & State 28 ODESSA, FL. 33556
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARCIA, JOSE M. 6307 NESTING COURT TAMPA FL 33625	81 Name: HENRY A. SAAVEDRA JR. 82 Street Address (P.O. Box Number is Not Acceptable): 10401 LAKE GROVE DR. 83 84 City: ODESSA, FL. FL 85 Zip Code: 33556

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: HENRY A. SAAVEDRA JR, PRESIDENT — 1-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE PD	PD	☒ Change ☐ Addition
NAME	GARCIA, JOSE M.	1.2 NAME	HENRY A. SAAVEDRA JR.	
STREET ADDRESS	6307 NESTING COURT	1.3 STREET ADDRESS	10401 LAKE GROVE DR.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	ODESSA, FL. 33556	
TITLE	CSD	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, KATHY	2.2 NAME		
STREET ADDRESS	2511 THORNBROOK	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MULEY, JOE JR.	3.2 NAME		
STREET ADDRESS	5120 OLNEY	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	MONTES DE OCA, N E	4.2 NAME	VICTORIA O. SCOLARO	
STREET ADDRESS	6602 WHITEWAY DR	4.3 STREET ADDRESS	1805 W. LOUISIANA AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	TAMPA, FL. 33603	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	CRISWELL, ANNA M	5.2 NAME	PHYLLIS MESSINA	
STREET ADDRESS	3607 FLOYD RD	5.3 STREET ADDRESS	2304 FERN CIRCLE	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL. 33604	
TITLE	SD	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	KUHN, DIXIE L.	6.2 NAME	HECTOR BURIA	
STREET ADDRESS	2220 HIGH POINT DRIVE	6.3 STREET ADDRESS	2319 FERN CIRCLE	
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-ZIP	TAMPA, FL. 33604	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 1-25-95 (813) 920-4726
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
HENRY A. SAAVEDRA JR, PRESIDENT

0084760