

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46239 (2)

1. Corporation Name

SEARS TAMPA BAY RETIREE CLUB, INC.



Principal Place of Business

**10401 LAKE GROVE DR
ODESSA FL 33556
US**

Mailing Address

**10401 LAKE GROVE DR
ODESSA FL 33556
US**

3. Date Incorporated or Qualified
11/27/1991

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAAVEDRA, HENRY A JR
10401 LAKE GROVE DR
ODESSA FL 33556**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Henry A. Saavedra, Jr. President**

(NOTE: Registered Agent's signature required when removing)

DATE

1-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAAVEDRA, HENRY A JR	
STREET ADDRESS	10401 LAKE GROVE DR	
CITY - ST - ZIP	ODESSA FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	BROWN, KATHY	
STREET ADDRESS	2511 THORNBROOK	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MULEY, JOE JR.	
STREET ADDRESS	5120 OLNEY	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCOLARO, VICTORIA D	
STREET ADDRESS	1805 W LOUISIANA AV	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MESSINA, PHYLLIS	
STREET ADDRESS	2304 FERN CIRCLE	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURIA, HECTOR	
STREET ADDRESS	2319 FERN CIRCLE	
CITY - ST - ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry A. Saavedra, Jr. President

Date

Daytime Phone #

(813) 9204726

CR2E037 (12/95)