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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46239** (2)

1. Corporation Name

SEARS TAMPA BAY RETIREE CLUB, INC.

Principal Place of Business

Mailing Address

**14907 ROCKY LEDGE DR
6307 NESTING COURT
TAMPA FL 33625
US**

**14907 ROCKY LEDGE DR
TAMPA FL 33625
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/27/1991

4. FEI Number

59-3095855

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALLAM, NORMA V
14907 ROCKY LEDGE DR
TAMPA FL 33625**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **NORMA V. HALLAM, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALLAM =, NORMA V	
STREET ADDRESS	14907 ROCKY LEDGE DR	
CITY-ST-ZIP	TAMPA 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	MONTES DE OCA, N E	
STREET ADDRESS	6802 WHITEWAY DR	
CITY-ST-ZIP	TEMPLE TERR FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAAVEDRA, HENRY A JR	
STREET ADDRESS	4040 LAKE GROVE DR	
CITY-ST-ZIP	ODESSA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARCIA, JOSE	
STREET ADDRESS	6307 NESTING CT	
CITY-ST-ZIP	TAMPA FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUE CRISWELL, A M	
STREET ADDRESS	3607 FLOYD RD	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BROWN KATHY
2.3 STREET ADDRESS	3425 CULLENDALE DR.
2.4 CITY-ST-ZIP	TAMPA, FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAAVEDRA HENRY A. JR
4.3 STREET ADDRESS	3304 PIN OAK LANE
4.4 CITY-ST-ZIP	TAMPA, FL.

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 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 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: **NORMA V. HALLAM, PRESIDENT**

SIGNATURE REQUIRED *Norma V. Hallam*, (813) 920-0447

CR2E037 (10/97)