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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46239

1. Corporation Name

SEARS TAMPA BAY RETIREE CLUB, INC.

Principal Place of Business

14907 ROCKY LEDGE DR
6307 NESTING COURT
TAMPA FL 3362
US

Mailing Address

14907 ROCKY LEDGE DR
TAMPA FL 33625
US



2. Principal Place of Business

21 3623 E KNOLLWOOD ST.

Suite, Apt. #, etc.

22

City & State
23 TAMPA, FL.

Zip Country
24 33610-1629 25 U.S.A.

2a. Mailing Address

26 3623 E. KNOLLWOOD ST.

Suite, Apt. #, etc.

27

City & State
28 TAMPA, FL.

Zip Country
29 33610-1629 30 U.S.A.

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 ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HALLAM, NORMA V
14907 ROCKY LEDGE DR
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name SARAH E. VALENTI

82 Street Address (P.O. Box Number is Not Acceptable)
3623 E. KNOLLWOOD ST.

83

84 City TAMPA FL 85 Zip Code 33610

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 SARAH E. VALENTI, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/99

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HALLAM =, NORMA V
STREET ADDRESS 14907 ROCKY LEDGE DR
CITY-ST-ZIP TAMPA FL

TITLE CSD ☐ DELETE
NAME BROWN, KATHY
STREET ADDRESS 3425 CULLENDALE DR
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME MONTES DE OCA, N E
STREET ADDRESS 6602 WHITEWAY DR
CITY-ST-ZIP TEMPLE TERR FL

TITLE VD ☐ DELETE
NAME SAAVEDRA, HENRY A JR
STREET ADDRESS 3304 PIN OAK LANE
CITY-ST-ZIP ODESSA FL

TITLE TD ☐ DELETE
NAME GARCIA, JOSE
STREET ADDRESS 6307 NESTING CT
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE
NAME SUE CRISWELL, A M
STREET ADDRESS 3607 FLOYD RD
CITY-ST-ZIP TAMPA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SARAH E. VALENTI
1.3 STREET ADDRESS 3623 E. KNOLLWOOD ST.
1.4 CITY-ST-ZIP TAMPA, FL. 33610

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME CLARENCE JOHNSON
3.3 STREET ADDRESS 4222 E. EMMA ST.
3.4 CITY-ST-ZIP TAMPA, FL. 33610

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME JOHN PARKER
4.3 STREET ADDRESS 502 TIMBER POND DR.
4.4 CITY-ST-ZIP BRANDON, FL 33510

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SARAH E. VALENTI

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah E. Valenti 3/2/99

Date

Daytime Phone #

(813)237-2811

CR2E037 (11/98)