


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N46239			
1. Entity Name SEARS TAMPA BAY RETIREE CLUB, INC.			
Principal Place of Business 6307 NESTING CT TAMPA FL 33625 US		Mailing Address 6307 NESTING CT TAMPA FL 33625 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GARCIA, JOSE M 6307 NESTING CT TAMPA FL 33625		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DERR, PAUL J 2722 BUCKHORN OAKS DR. VALRICO FL 33594-4201	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		U00000427891	
STREET ADDRESS		02/21/06-80025-010 61.25	
CITY-ST-ZIP			
TITLE	CSD BROWN, KATHY 3425 CULLENDALE DR TAMPA FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD SAAVEDRA, HENRY A 4716 TANNERY AVE TAMPA FL 33624	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD SMITH, NORMAN B 2312 FERN PL TAMPA FL 33604-5729	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD GARCIA, JOSE 6307 NESTING CT TAMPA FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD KUHN, DIXIE L 2220 HIGH POINT DR BRANDON FL 33511-6619	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			



1st MOORE CR2E037 (10/05)

4. FCI Number **59-3095855** 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 exemptions contained in Section 119, 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.

(Handwritten signatures and dates)