

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N46239**

1. Entity Name  
**SEARS TAMPA BAY RETIREE CLUB, INC.**



Principal Place of Business

**106 BLOOMINGFIELD DR  
BRANDON, FL 33511 US**

Mailing Address

**106 BLOOMINGFIELD DR  
BRANDON, FL 33511 US**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3095855**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ODUM, PAUL L  
106 BLOOMINGFIELD DR  
BRANDON, FL 33511**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BURIA, HECTOR
STREET ADDRESS	2319 FERN CIR
CITY-ST-ZIP	TAMPA, FL 336045726
TITLE	CSD
NAME	BROWN, KATHY
STREET ADDRESS	3425 CULLENDALE DR
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	SUAREZ, MICHAEL
STREET ADDRESS	4412 MEADOW RIDGE AVE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	VD
NAME	SMITH, NORMAN B
STREET ADDRESS	2312 FERN PL
CITY-ST-ZIP	TAMPA, FL 336045729
TITLE	TD
NAME	ODUM, PAUL L
STREET ADDRESS	106 BLOOMINGFIELD DR
CITY-ST-ZIP	BRANDON, FL 335117951
TITLE	SD
NAME	KUHN, DIXIE L
STREET ADDRESS	2220 HIGH POINT DR
CITY-ST-ZIP	BRANDON, FL 335116619

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01/09/08-80034-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/08

813-689-8613