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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003224 (2)

1. Corporation Name

ST. PETE SEMINOLE CLUB, INC.



Principal Place of Business

Mailing Address

**POST OFFICE BOX 7236
ST. PETERSBURG FL 33734**

**POST OFFICE BOX 7236
ST. PETERSBURG FL 33734**

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

02/22/1995

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

**WILSEY, STEVEN M
275 FOURTH STREET NORTH
ST. PETERSBURG FL 33701**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **JANSSEN, DENNIS**
STREET ADDRESS **5903 BIMINI WAY**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE VRD ☒ DELETE

NAME **PECK, MARY**
STREET ADDRESS **5903 BIMINI WAY**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE TD ☐ DELETE

NAME **WILSEY, STEVEN M**
STREET ADDRESS **479 - 25TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE VPD ☒ DELETE

NAME **STONER, THERESA**
STREET ADDRESS **POST OFFICE BOX 3642 N/A**
CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE SD ☐ DELETE

NAME **LITTLE, MARTHA**
STREET ADDRESS **751 - 25TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE D ☒ DELETE

NAME **DOCKSTADER, JOHN**
STREET ADDRESS **836 NORMANDY TRACE ROAD**
CITY-ST-ZIP **TAMPA FL 33602**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Director - PD** ☒ Change ☐ Addition

1.2 NAME **THERESA STONER**
1.3 STREET ADDRESS **P.O. Box 3642**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33731**

2.1 TITLE **VPD** ☐ Change ☒ Addition

2.2 NAME **Jodi Stoner**
2.3 STREET ADDRESS **P.O. Box 3642**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33731**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **VPD** ☐ Change ☒ Addition

4.2 NAME **Brad Bal**
4.3 STREET ADDRESS **P.O. Box 3642**
4.4 CITY-ST-ZIP **St. Petersburg, FL 33731**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

John Franco
4101 40th Way S.
St. Petersburg, FL 33711

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

Treasurer

2/12/96

913-898-1181

CR2E037 (12/95)