NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

761600

(6)

SEA OATS BEACH CLUB CONDOMINIUM ASSOCIATION.INC.

	OLK O	NIO DEP	ON OLOB GO	IADOMINA	INI MOSOC		NO.							
Pr	incipal Place	of Business	;	N	lailing Address	i						HI BABA BEBAR D	IDII OHOH FIOH	
P.O. BOX 562 1720 GULF BLVD. ENGLEWOOD FL 34223					P.O. BOX 562 1720 GULF BLVD. ENGLEWOOD FL 34223						·····			
										3. Date Incorporated or Qualified 01/26/1982	36	Date of La 03/28		
	Principal Pla	ace of Busin	ess	— —	Mailing Addr	ess		-		4. FEI Number			Applied Fe	or
21	Suite, Apt.	# otc		26	Suite, Apt. #	oto			•	59-2445809			Not Applic	
22	Suite, Apr.	#, 6 (C.		27	Suite, Apr. #	, etc.				Certificate of Status Desired			75 Addition e Required	
23	City & State			20	City & State					6. Election Campaign Financing \$5.00 May Be				
23	Zip Country			[20]	Zip Coui			·		Trust Fund Contribution 8. This corporation has liability for			ded to Fees	
24	25			29	29 30					Florida Statutes Yes No				
		9. Name	and Address of	Current Regis	stered Agent					10. Name and Address of New	Registe	red Agent		
	LA KALIT	ADJ EUE					81	'	Name					
KNIGHT, ARLENE 351 OAK STREET								: 3	Street Addre	Address (P.O. Box Number is Not Acceptable)				
ENGLEWOOD FL 34223								t			•			
							84	1	City			FL 85	Zip Code	
11	. Pursuant t	o the provis	ions of Sections 61	7.0502 and 61	7.1508, Florid	a Statutes, t	he above-	l nar	med corpora	ation submits this statement for the p		f abanaiaa ii	s registered	office
	familiar wit	th, and acce	pt the obligations o	f, Section 617	.0503, Florida	Statutes.	by the con	oora	ation's board	d of directors. I hereby accept the ap	pointmer	nt as register	ed agent. 1 a	am
SI	GNATURE _	Signature, typed	or printed name of register	ed agant and title if	applicable.	NOTE: R	Registered Age	nts#	onature required	when reinstaling)	DA	TE .		
12	· · · · · · · · · · · · · · · · · · ·	· -	OFFICE	RS AND DIREC	CTORS		13.			ADDITIONS/CHANGES TO O			TORS IN 12	
TO	LE	TD			DEL	ETE	11 TITLE		PD			Chang	e 🔲 Addi	ition
NA	MÉ .		EWS, HOWARD				1.2 NAME			Victor Desguin				
STI	REET ADDRESS		MCNAMEE AVE				1.3 STREET	T AD		50 Melbourne				
	Y-ST-ZIP		ARLOTTE FL				1.4 CiTY-5	ST - Z	zip Cha	arlotte Harbor,	FL :			
TiT		PD	. ADI PAIR		□DEL	ETE	21 TITLE					Chang	e 🔲 Addi	ition
NA ON			, ARLENE				22 NAME							
	REET ADDRESS		K STREET				2.3 STREET							
TIT	Y-SF-ZIP	SD	WOOD FL			FTF	2. 4 CiTY - 3.1 TITLE	SI-			•	Chang	e 🗀 Addi	ition
NA.	[ITE, ROSEMARY		Посс		3.2 NAME		D			P) curili	6 🗀 2001	tion
	REET ADDRESS	873 E 5					3.3 STREET	T AN	IDBESS					
	Y-ST-ZIP		WOOD FL				3.4. C(TY-							
TiT		D			□DEL	ETE	4.1 TITLE		VI)	•	Chang	e 🔲 Addi	ition
NA	ME	SISK, J	OHN				4. 2 NAME					•	_	
ST	REET ADDRESS		verin RD, se				4.3 STREET	T ADI	ORESS					
CIT	Y-S1-Z(P	PORT C	HARLOTTE FL				4.4 CITY-5	ST-Z	ZIP					
TIT	LE	VD			□D£L	ETE	5.1 TITLE		SI			Chang	e 🔲 Addi	ition
NA:			AR, BELINDA				5.2 NAME			errill Bibens				
	REET ADDŘÉSS		EGINA DRIVE				5.3 STREET			5 Pine Hollow C		.e		
	Y - S1 - ZIP	ENGLE\	WOOD FL		— The∈	rae	5.4 CITY - S	ST-2	EIP ET	nglewood, FL 34	223	·		
TIT					□ DEL	t i t	61 TITLE					☐ Chang	e ∐Addi	noıi
NA							62 NAME							
	REET ADORESS						63 STREET							
	Y-ST-ZIP , I do hereb	v certify that	the information sur	olied with this	filing is volunt:	arily furnishe	6 4 CITY - S	s n	ot qualify for	r the exemption stated in Section 11	0 07/3//Li	Florida Sta	utoe I forth	<u>-</u>
	certify that	the informa	tion indicated on th	s annual repor	rt or suppleme	ntal annual r	eport is tru	u e 8	and accurate	e and that my signature shall have the report as required by Chapter 617,	e same k	egal effect as	if made un	der

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/14/96 Date

Daytima Phone #

CR2E037 (12/95