FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

761600

(6)

SEA OATS BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business P.O. BOX 562 1720 GULF BLVD. ENGLEWOOD FL 34223		Mailing Address	Mailing Address P.O. BOX 562 1720 GULF BLVD. ENGLEWOOD FL 34223-5924			ill abil bibli bibli bibli bibli bibli sebil bibli	
		1720 GULF BLVD.					
					3. Date incorporated or Qualified 01/26/1982	3a. Date of Last Report 02/26/1996	
···	Place of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
Suite, Apt	# plc	Suite, Apt. #, etc.			59-2445809	Not Applic	
22	#, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required	al
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28	Countr		Trust Fund Contribution	Added to Fees	
24	25	29	30	,	This porporation has liability for Florida Statutes	or intangible tax under s. 199.03 Yes 🔲 No	32,
	9. Name and Address of C		1901		10. Name and Address of New F		
			81	Name			
	, ARLENE		82 Street Addre		Address (P.O. Box Number is Not Accept	able)	
351 OA		83		'	·		
ENGLE	WOOD FL 34223						
			84	City		FL 85 Zip Code	
office of r	registered agent, or both, in the	7.0502 and 617.1508, Florida Statu State of Florida. Such change was obligations of, Section 617.0503, F	authorized b	v the cor	d corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registe ept the appointment as register	ered red
		-	iorioù olatoto				
ordin tronce	Signature typed or printed name of registe	ored agent and title if applicable. (NO	TE: Registered Ag	eni signatur	e required when reinstating)	DATE	—
12.	OFFICER	IS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	!
TITLE	TD DESCRIPTION	☐ DELETE	1.1 TITLE			☐ Change ☐ Ad	dition.
NAME	DESGUIN, L. V		1.2 NAME				
STREET ADDRESS	5050 MELBOURNE	•	1.3 STREE	T ADDRESS	•		
CITY - ST - ZIP	CHARLOTTE HARBOR F	DELETE	1.4 CITY-:	ST-ZIP			
TITLE NAME) PD Knight, Arlene	L.J Detele	2.1 TITLE			Change Ad	dition
STREET ADDRESS	351 OAK STREET		2.2 NAME				
	ENGLEWOOD FL			ADORESS			
CITY-ST-ZIP TITLE	D	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Change Ad	dition
NAME	LAPLANTE, ROSEMARY		3.1 TILE 3.2 NAME			☐ cuange ☐ ∧a	Ulliun
STREET ADDRESS	873 E 5TH ST			ADDRESS	:		
CiTY-SI-ZIP	ENGLEWOOD FL		3.4. CITY-				
TITLE	VD	X DELETE	4.1 TITLE	WY 811	Secretary	☐ Change 🔀 Ad	dition
NAME	SISK, JOHN		4. 2 NAME		Waldrop, J. Robert		
STREET ADDRESS	334 SEVERIN RD, SE		1	ADDRESS	149 Small Street		
CITY-ST-7IP	PORT CHARLOTTE FL		4.4 CITY-5		Pt. Charlotte, FL	33952	
TITLE	SD	DELETE	5.1 TITLE		Vice President	K Change Ad	dition
NAME	BIBENS, MERRILL		5.2 NAME		,		
STREET ADDRESS	405 PINE HOLLOW CIR	CLE	5.3 STREET	ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY - S	ST - ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Ad	dition
NAME		•	6.2 NAME				
STREET ADORESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 9	T-7IP			

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

2/25/97

Dautima Phona # 0063403

CR2E037 (9/96)

FILED

Mar 04 1997 8:00am

Secretary of State