

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90011 011 ****61.25

DOCUMENT # 761600

1. Entity Name
SEA OATS BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business P.O. BOX 562 1720 GULF BLVD. ENGLEWOOD FL 34223	Mailing Address PO BOX 510562 1720 GULF BLVD. ENGLEWOOD FL 34223-5924 US
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00028690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2445809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KNIGHT, ARLENE
351 OAK STREET
ENGLEWOOD FL 34223

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	TD DESGUIN, L V	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5050 MELBOURNE CHARLOTTE HARBOR FL	
TITLE NAME	PD KNIGHT, ARLENE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	351 OAK STREET ENGLEWOOD FL	
TITLE NAME	D LAPLANTE, ROSEMARY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	873 E 5TH ST ENGLEWOOD FL	
TITLE NAME	S WALDROP J ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	149 SMALL ST PORT CHARLOTTE FL	
TITLE NAME	VP BIBENS, MERRILL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	405 PINE HOLLOW CIRCLE ENGLEWOOD FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I 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 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 REQUIRED

2/22/00

CR2E037 (9/99)