

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90027 041 \*\*\*\*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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2445809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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  
**Sankey E. Webb, III, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Webb, Lorah & Company, P.L., CPAs**  
**1625 W. Marion Avenue, Suite 6**  
 City  
**Punta Gorda** **FL** Zip Code  
**33950**

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 Sankey E. Webb, III *[Signature]* 2.13.02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE 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 STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DESGUIN, L V</b> <b>5050 MELBOURNE</b> <b>CHARLOTTE HARBOR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KNIGHT, ARLENE</b> <b>351 OAK STREET</b> <b>ENGLEWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIEHL, DANNY</b> <b>1601 TAMiami TRAIL</b> <b>PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WALDROP J ROBERT</b> <b>149 SMALL ST</b> <b>PORT CHARLOTTE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BIBENS, MERRILL</b> <b>405 PINE HOLLOW CIRCLE</b> <b>ENGLEWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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]* 2/19/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)