

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761600

FILED
Mar 14, 2009
Secretary of State

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

Current Principal Place of Business:

1720 GULF BOULEVARD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 510562
PUNTA GORDA, FL 33951 US

New Mailing Address:

FEI Number: 59-2445809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, SANKEY E III
C/O WEBB, LORAH & CO., P.L., CPA'S
1133 BAL HARBOR BLVD., SUITE 1135
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

WEBB, SANKEY E III
C/O WEBB, LORAH & CO., P.L., CPA'S
1107 WEST MARION AVENUE STE 115
PUNTA GORDA, FL 33950 US

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:

Electronic Signature of Registered Agent

03/14/2009

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GOULTER, DOROTHY
Address: 7506 GULF BOULEVARD
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD () Delete
Name: DESGUIN, L V
Address: 1497 CAPEL STREET
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: BIEHL, DANNY
Address: 1601 TAMiami TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD () Delete
Name: WALDROP, J ROBERT
Address: 1236 RED OAK LANE
City-St-Zip: PORT CHARLOTTE, FL 339482179

Title: SD () Delete
Name: RHEAMUME, JOHN P
Address: 13268 DARNELL AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. VICTOR DESGUIN

Electronic Signature of Signing Officer or Director

PD

03/14/2009

Date