

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01548 (9)**

1. Corporation Name
SEA OATS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **800 SEA OATS DRIVE JUNO BEACH FL 33408**
Mailing Address: **800 SEA OATS DRIVE JUNO BEACH FL 33408**

3. Date Incorporated or Qualified: **02/21/1984**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2515741	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

~~KLIDONAS, JAMES~~
~~103-H SEA OATS DRIVE~~
~~JUNO BEACH FL 33408~~

81 Name: **Steve Inglis**
82 Street Address (P.O. Box Number is Not Acceptable): **103 S US Hwy 4, FS-135**
83
84 City: **Jupiter** FL 85 Zip Code: **33477**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NONE. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANNETTE Y. MILLER		1.2 NAME: ANNETTE Y. MILLER	
STREET ADDRESS: 204-A SEA OATS DRIVE		1.3 STREET ADDRESS: 204-A SEA OATS DRIVE	
CITY-ST-ZIP: JUNO BEACH FL		1.4 CITY-ST-ZIP: JUNO BEACH FL 33408	
TITLE: VPD	<input type="checkbox"/> DELETE	2.1 TITLE: VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAMMOND, AL		2.2 NAME: Brad Sargent	
STREET ADDRESS: 302-F SEA OATS DR		2.3 STREET ADDRESS: 705-2 Sea Oats Dr	
CITY-ST-ZIP: JUNO BCH FL		2.4 CITY-ST-ZIP: Juno Beach, FL 33408	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANK DISESSO		3.2 NAME: Jerry Bolger	
STREET ADDRESS: 508-8 SEA OATS DR		3.3 STREET ADDRESS: 201-D Sea Oats Dr	
CITY-ST-ZIP: JUNO BCH FL		3.4 CITY-ST-ZIP: Juno Beach, FL 33408	
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE: S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KANE, ENID		4.2 NAME: Amelita Facciano	
STREET ADDRESS: 406-G SEA OATS DR		4.3 STREET ADDRESS: 201-A Sea Oats Dr	
CITY-ST-ZIP: JUNO BEACH FL		4.4 CITY-ST-ZIP: Juno Beach, FL 33408	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		5.2 NAME: Robert Cuthoun	
STREET ADDRESS:		5.3 STREET ADDRESS: 402-B Sea Oats Dr	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: Juno Beach, FL 33408	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME: Emmy Rayne	
STREET ADDRESS:		6.3 STREET ADDRESS: 406-H Sea Oats Dr	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: Juno Beach, FL 33408	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CP2E037 (12/95)