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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N01548 (9)

1. Corporation Name

SEA OATS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

600 SEA OATS DRIVE
JUNO BEACH FL 33408

600 SEA OATS DRIVE
JUNO BEACH FL 33408-1440

3. Date Incorporated or Qualified
02/21/1984

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2515741

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGLIS, STEVE
103 S US HWY 1 F5-135
JUPITER FL 33477

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANNETTE Y. MILLER	
STREET ADDRESS	204-A SEA OATS DRIVE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOLGER, JERRY	
STREET ADDRESS	201-D SEA OATS DR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FACCHIANO, AMELITA	
STREET ADDRESS	201-A SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALHOUN, ROBERT	
STREET ADDRESS	402-B SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SECRETARY D	<input checked="" type="checkbox"/> DELETE
NAME	RAYNE, EMMY	
STREET ADDRESS	406-H SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	John Milner Pres. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	503-3 Sea Oats Dr.	
1.3 STREET ADDRESS	Juno Beach, FL 33408	
1.4 CITY-ST-ZIP		
2.1 TITLE	Brad Sargent V.P. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	205-2 Sea Oats Dr.	
2.3 STREET ADDRESS	Juno Beach, FL 33408	
2.4 CITY-ST-ZIP		
3.1 TITLE	John Lougren Treas. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	102 B Sea Oats Dr.	
3.3 STREET ADDRESS	Juno Beach, FL 33408	
3.4 CITY-ST-ZIP		
4.1 TITLE	Secy D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Emmy Rayne	
4.3 STREET ADDRESS	406 H Sea Oats Dr.	
4.4 CITY-ST-ZIP	Juno Beach, FL 33408	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] REQUIRED Treas. 3/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)