


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N01548 (9)**  
 1. Corporation Name  
**SEA OATS PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>800 SEA OATS DRIVE JUNO BEACH FL 33408</b>	Mailing Address <b>800 SEA OATS DRIVE JUNO BEACH FL 33408</b>
--	--

3. Date Incorporated or Qualified <b>02/21/1984</b>		
4. FEI Number <b>59-2515741</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILNER, JOHN	
STREET ADDRESS	503-3 SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SARGENT, BRAD	
STREET ADDRESS	705-2 SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOUGREN, JOHN	
STREET ADDRESS	102B SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<del>PAYNE, EMMY</del> <b>RAYNE, EMMY</b>	
STREET ADDRESS	406H SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAYNE, EMMY	
STREET ADDRESS	406-H SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>John Lougren</i>	
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD Albert De Carlo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	404E SEA OATS DR.	
2.3 STREET ADDRESS	Juno Beach, FL. 33408	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Dr. Bill ZAYTI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	602-1 SEA OATS DR	
4.3 STREET ADDRESS	Juno Beach, FL. 33408	
4.4 CITY-ST-ZIP		
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 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 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:** \_\_\_\_\_

CR2E037 (10/97)