

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91649 036 \*\*\*\*61.25

**DOCUMENT # N01548**

1. Entity Name

**SEA OATS PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

800 SEA OATS DRIVE  
 JUNO BEACH FL 33408

800 SEA OATS DRIVE  
 JUNO BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2515741**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGLIS, STEVE**  
**725 N. A1A**  
**SUITE C-110**  
**JUPITER FL 33477**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1930 Commerce Ln #1**  
 City **Jupiter** FL Zip Code **33458**

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

Signature, typed or printed name of registered agent 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO</b> <b>WILLIAMS, ARTHUR</b> <b>404 D SEA OATS DR.</b> <b>JUNO BEACH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DECARLO, ALBERT</b> <b>404 E SEA OATS DR</b> <b>JUNO BEACH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LOUGREN, JOHN</b> <b>102B SEA OATS DR</b> <b>JUNO BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KLIDONAS, JAMES</b> <b>103-D SEA OATS DR.</b> <b>JUNO BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RAYNE, EMMY</b> <b>406-H SEA OATS DR</b> <b>JUNO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHARFSTEIN, MARTIN</b> <b>402-D SEA OATS DR.</b> <b>JUNO BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>SUAREZ, RAYMOND</b> <b>403-C SEA OATS DR.</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ZAYTI, WILLIAM VP</b> <b>602-1 SEA OATS DR.</b> <b>JUNO BEACH, FL. 33408</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MCCORMICK SHEILA</b> <b>504-5 SEA OATS DR.</b> <b>JUNO BEACH, FL. 33408</b>	<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: **ALBERT DEBORJA Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02 561 775-9408**

Date Daytime Phone #

CRE037 (9/01)