

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N15345** (4)
1. Corporation Name
SEA OATS OF JUNO BEACH CONDOMINIUM TWO ASSOCIATION, INC.



Principal Place of Business: **802 SEA OATS DR. JUNO BEACH FL 33408**
Mailing Address: **802 SEA OATS DR. JUNO BEACH FL 33408**

3. Date Incorporated or Qualified: **06/12/1986**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **59-2700896**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

SARGENT, J BRADFORD
705-2 SEA OATS DR
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: **Steve Inglis**
82 Street Address (P.O. Box Number is Not Acceptable): **103 So. U.S. 1**
83 **Suite F-5-135**
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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Steve Inglis*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/11/96
Date

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: ROSILLO, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 501-1 SEA OATS DRIVE	CITY-ST-ZIP: JUNO BEACH FL	
TITLE: SD	NAME: RAYNE, EMMY	<input type="checkbox"/> DELETE
STREET ADDRESS: 406-H SEA OATS DR	CITY-ST-ZIP: JUNO BEACH FL	
TITLE: DIRECTOR	NAME: FITHIAN, BEVERLY	<input type="checkbox"/> DELETE
STREET ADDRESS: 403-C SEA OATS DRIVE	CITY-ST-ZIP: JUNO BEACH FL	
TITLE: SD	NAME: SARGENT, J BRADFORD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 705-2 SEA OATS DR	CITY-ST-ZIP: JUNO BEACH FL	
TITLE: D	NAME: CONGLETON, CARYL	<input type="checkbox"/> DELETE
STREET ADDRESS: 404-F SEA OATS DRIVE	CITY-ST-ZIP: JUNO BEACH FL	
TITLE: D	NAME: ELDRIDGE, BILL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 404-D SEA OATS DR	CITY-ST-ZIP: JUNO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Peter Hunter	
1.3 STREET ADDRESS: 301 D Sea Oats Drive	
1.4 CITY-ST-ZIP: Juno Beach, FL 33408	
2.1 TITLE: Aileen Theiner-Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: 406 A Sea Oats Dr.	
2.3 STREET ADDRESS: Juno Beach, FL 33408	
2.4 CITY-ST-ZIP: 33408	
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: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: MAYNARD WALLACE	
4.3 STREET ADDRESS: 403A 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: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: BARBARA TAGG	
6.3 STREET ADDRESS: 303 B Sea Oats Dr	
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: *Beverly Fithian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96
Date

575-3551
Daytime Phone #

CP2E037 (12/95)