

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

802 SEA OATS DR.
JUNO BEACH FL 33408

802 SEA OATS DR.
JUNO BEACH FL 33408-1440



3. Date Incorporated or Qualified
06/12/1986

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24

25

29

Country

30

4. FEI Number
59-2700896

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGLIS, STEVE
103 S US 1
STE 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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
HUNTER, PETER
301 D SEA OATS DR
JUNO BEACH FL

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Put ledger, Son
702-5 Sea Oats Dr
Juno Bch FL 33408

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SB
RAYNE, EMMY
406-H SEA OATS DR
JUNO BEACH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

UP/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

B
FITHIAN, BEVERLY
403-C SEA OATS DRIVE
JUNO BEACH FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

T/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

I
WALLACE, MAYNARD
403A SEA OATS DR
JUNO BEACH FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

P/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

B D
CONGLETON, CARYL
404-F SEA OATS DRIVE
JUNO BEACH FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D.

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
TABB, BARBARA
303 B SEA OATS DR
JUNO Bch FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Sheila Mc Cormick
504-5 Sea Oats Drive
Juno Beach FL

☒ Change ☒ Addition

14. I do 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY FITHIAN DIRECTOR

CR2E037 (9/96)