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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15345

1. Corporation Name
**SEA OATS OF JUNO BEACH CONDOMINIUM TWO ASSOCIATI
 ON, INC.**

Principal Place of Business 802 SEA OATS DR. JUNO BEACH FL 33408	Mailing Address 802 SEA OATS DR. JUNO BEACH FL 33408
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2. Principal Place of Business 21	2a. Mailing Address 26 103 S US Hwy 1	3. Date Incorporated or Qualified 06/12/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 FS-135	4. FEI Number 59-2700896
City & State 23	City & State 28 JUPITER FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 33477	Country 30 USA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Pres McCormick Sheila	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUTLEDGE, JOHN		1.2 NAME	
STREET ADDRESS 702-3 SEA OATS DR		1.3 STREET ADDRESS 504-5 Sea Oats Dr.	
CITY-ST-ZIP JUNO BEACH FL		1.4 CITY-ST-ZIP Juno Beach, FL 33408	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE Sec. ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAYNE, EMMY		2.2 NAME Susan VanLindt.	
STREET ADDRESS 406-H SEA OATS DR		2.3 STREET ADDRESS 504-3 Sea Oats Dr.	
CITY-ST-ZIP JUNO BEACH FL		2.4 CITY-ST-ZIP Juno Beach, FL 33408	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Ruth Sargent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FITHIAN, BEVERLY		3.2 NAME	
STREET ADDRESS 403-C SEA OATS DRIVE		3.3 STREET ADDRESS 705-2 Sea Oats Dr.	
CITY-ST-ZIP JUNO BEACH FL		3.4 CITY-ST-ZIP Juno Beach, FL 33408	
TITLE PD TD	<input type="checkbox"/> DELETE	4.1 TITLE Dir Albert DeCarlo	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, MAYNARD		4.2 NAME	
STREET ADDRESS 403A SEA OATS DR		4.3 STREET ADDRESS 404 E Sea Oats Dr	
CITY-ST-ZIP JUNO BEACH FL		4.4 CITY-ST-ZIP Juno Beach, FL 33408	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONGLETON, CARYL		5.2 NAME	
STREET ADDRESS 404-F SEA OATS DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP JUNO BEACH FL		5.4 CITY-ST-ZIP	
TITLE SB	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCORMICK, SHEILA		6.2 NAME	
STREET ADDRESS 504-5 S SEA OATS DR		6.3 STREET ADDRESS	
CITY-ST-ZIP JUNO BEACH FL		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 647, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maynard Wallace* _____ Date _____ Daytime Phone # _____

CR2E037 (1/98)