

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90204 005 ****61.25

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1. Corporation Name

SEA OAKS TENNIS VILLAS "B" CONDOMINIUM ASSOCIATION, INC.

448542 - 90204 - 5

Principal Place of Business
1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963

Mailing Address
1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0607997	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

HENDERSON, STEVE L
817 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81. Name	Pamela S. Dawson
82. Street Address (P.O. Box Number is Not Acceptable)	1235 Winding Oaks
83. City & State	VERO BEACH, FL 32963
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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SILVERMAN, ANDREW	1.2 NAME	ERIC BONNET
STREET ADDRESS	1235 WINDING OAKS CIRCLE	1.3 STREET ADDRESS	1235 Winding Oaks Circle
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VTD	2.1 TITLE	
NAME	DAWSON, PAMELA	2.2 NAME	RALPH GREEN
STREET ADDRESS	1235 WINDING OAKS CIRCLE	2.3 STREET ADDRESS	1235 Winding Oaks Circle
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	VSD	3.1 TITLE	
NAME	BLACK, CHARLOTTE	3.2 NAME	SHARON GREEN
STREET ADDRESS	1235 WINDING OAKS CIRCLE	3.3 STREET ADDRESS	1235 Winding Oaks Circle
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	Patricia Lopez
STREET ADDRESS		4.3 STREET ADDRESS	1235 Winding Oaks Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)