

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000987****1. Entity Name**

SEVEN OAKS ISLAND ASSOCIATION, INC.

Principal Place of Business1070 E. INDIANTOWN RD.,STE.312
%COLETTE K. MEYER,P.A.
JUPITER
33477

FL

Mailing Address1070 E. INDIANTOWN RD.,STE.312
%COLETTE K. MEYER,P.A.
JUPITER
33477

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MEYER COLETTE K
1070 E. INDIANTOWN RD.,STE.312JUPITER FL
33477

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 COLETTE K. MEYER****04/28/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTORS TO BE ELECTED		
STREET ADDRESS		STREET ADDRESS	1070 E. INDIANTOWN ROAD, SUITE 312		
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER FL 33477		
TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTORS TO BE ELECTED		
STREET ADDRESS		STREET ADDRESS	1070 E. INDIANTOWN ROAD, SUITE 312		
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER FL 33477		
TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTORS TO BE ELECTED		
STREET ADDRESS		STREET ADDRESS	1070 E. INDIANTOWN ROAD, SUITE 312		
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER FL 33477		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Directors to be elected**

D

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)