

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761600

**Entity Name:** SEA OATS BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC9239428116**

**Current Principal Place of Business:**

1720 GULF BOULEVARD  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

PO BOX 510562  
PUNTA GORDA, FL 33951 US

**FEI Number: 59-2445809**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEBB, SANKEY EIII  
C/O WEBB, LORAH & CO., P.L., CPA'S  
1107 WEST MARION AVENUE STE 115  
PUNTA GORDA, FL 33950 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DESGUIN, L V  
Address 5050 MELBOURN STREET  
City-State-Zip: PORT CHARLOTTE FL 33980

Title D  
Name BIEHL, DANNY  
Address 1711 MANZANA AVE  
City-State-Zip: PUNTA GORDA FL 33950

Title TD  
Name WALDROP, J ROBERT  
Address 1236 RED OAK LANE  
City-State-Zip: PORT CHARLOTTE FL 33948-2179

Title D  
Name CRONIN, JOSEPH  
Address 6505 HIGHWAY 301N - #B-3  
City-State-Zip: ELLENTON FL 34222

Title D  
Name HOWETT, RICHARD  
Address 5331 LADY SLIPPER AVENUE  
City-State-Zip: NORTH PORT FL 34291

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DESGUIN, L V**

**PRESIDENT**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date