FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744666** **(9)**

1. Corporation Name

THE SEA OATS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4570 OCEAN BEACH BLVD. COCOA BEACH FL 32931	4570 OCEAN BEACH BLVD. COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1978**
3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-2022117** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

THERIAC, JAMES
96 WILLARD ST
COCOA FL 32922

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition President
NAME	~~FUTORAN, HELEN~~	1.2 NAME	Louis Antonucci
STREET ADDRESS	4570 OCEAN BEACH BLVD.	1.3 STREET ADDRESS	4570 Ocean Beach BLVD #22
CITY-ST-ZIP	~~COCOA BCH., FL 00000~~	1.4 CITY-ST-ZIP	Cocoa Beach, FL.
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, JERRY	2.2 NAME	
STREET ADDRESS	4570 OCEAN BCH BLVD # 46	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 00000 32931	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, WILLIAM	3.2 NAME	
STREET ADDRESS	4570 OCEAN BCH BLVD # 20	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	3.4 CITY-ST-ZIP	
TITLE	PD (PRESIDENT)	4.1 TITLE	☐ Change ☐ Addition
NAME	ANTONUCCI, LOUIS	4.2 NAME	
STREET ADDRESS	4570 OCEAN BEACH BLVD. # 22	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL. 32931	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William H. Kennedy (William H. Kennedy) 4/20/95 (407) 783-8384
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004692