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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

744666

(9)

THE SEA OATS CONDOMINIUM ASSOCIATION, INC.

FILED May 05 1997 8:00am Secretary of State

| INE 9 | EA OATS CONDOMINION A | ASSOCIATION, INC. | | | | | | | | |
|--|---|---|--------------|----------------|------------------|--|-----------------------------|---------------------------------|-----------------------------|------|
| Principal Place of Business | | Mailing Address | | | | - I HADIII YODII BYDIF BYRFA DYIID AIIID | AIIL BIRKI OII | H BIBIR BEBAR D |) # | |
| 4570 OCEAN BEACH BLVD. COCOA BEACH FL 32931 | | 4570 OCEAN BEACH BLVD. COCOA BEACH FL 32831-3622 | | | | | | | | _ |
| | | | | | | 3. Date Incorporated or Qualified 10/23/1978 | | te of Last R 04/25/19 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | EQ 0000447 | | | oplied For of Applicable | 7 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | 1 |
| Zip | Country 25 | Zip Country 29 30 | | | , <u>.</u> | 8. This corporation has liability for | | | | |
| 27 | g. Name and Address of Curren | | 30] | · | | 10. Name and Address of New Re | | <u> </u> | | ┨ |
| | | | | 81 Na | ne | | | | | 1 |
| TUCOIA | O IAMEO | | | | | | | | | |
| 98 WILL | C, JAMES | | | 82 Stre | et Addre | ess (P.O. Box Number is Not Acceptat | ole) | | | |
| | FL 32922 | | ŀ | 83 | | | | | | 1 |
| LOCOA | LF 25855 | | 1 | | | | | | | _ |
| | | | ŀ | 84 City | , | | FL | 85 Zip (| Code | |
| office or r | to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblige | of Florida, Such change was a | uithorizad | hv the | ed corporati | pration submits this statement for the pon's board of directors. I hereby accept | ourpose of | changing it pintment as | is registered registered | 1 |
| - | m lamiliar with, and accept the obliga | ations of, Section 617.0503, Fig | nua Stad | utes. | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered age | int and title if applicable (NOT) | : Registered | Agent sign | gure require | d when reinstating) | DATE | | | |
| 12. | OFFICERS ANI | | 13. | | | ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECTOR | RS IN 12 | 18 |
| TITLE | PD | ☐ DELETE | 1,1 TIT | 1,1 TITLE | | | | Change | Addition | 9 |
| NAME | CARFAGNO, PASQUALE . 1.2 | | 1.2 NA | ME | \%\ ³ | Psi Caringno Bea Olis Condo St 4570 Cosali Beach Back | 0.074 | | | |
| STREET ADDRESS | 137 EAST CHURCH ROAD | | 1.3 ST | | ss | | | | | FO37 |
| CITY-ST-ZIP | ELKINO PARK PA | | 1.4 Cr1 | Y-ST-ZIP | | | The section | | | 12 |
| TITLE | SD | ☐ DELETE | 2.1 10 | LE | | | | ☐ Change | Addition | 70 |
| NAME | NELSON, JERRY | | 2.2 NA | ME | | | | | | İ |
| STREET ADDRESS | 4570 OCEAN BCH BLVD | | 2.3 ST | REET ADDRE | ss Ì | | | | | |
| CITY-ST-ZIP | COCOA BCH, FL 00000 | | 2. 4 CI | TY-ST-ZIP | | | | | | |
| TITLE | TD | DELETE | 3.1 TIT | LE | | | | Change | Addition | 7 |
| NAME | KENNEDY, WILLIAM | | 32 NA | ME | Ì | | | | | ĺ |
| STREET ADDRESS | 4570 OCEAN BCH BLVD | | 3.3 ST | reet addre | ss | | | | | |
| CITY-ST-ZIP | COCOA BCH FL | | 3.4, CI | 1Y-S1-ZIP | | | | | | _ |
| TITLE | VP | ☐ DELETE | 4.1 10 | LE | _ (| | | Change Change | Addition | |
| NAME | FRANK, CHARLES | | 4. 2 N/ | AME. | - (, | 4570 OCEAN B | sac 1 | , B1 | v a | 1 |
| STREET ADDRESS | 1505 EL PRADO | | 4.3 \$1 | reet addre | ss | CONDO # 39 COCON Beach | | | | |
| CITY-ST-ZIP | LAFAYETTE IN | | | Y-ST-71P | _ | COCOA Beech | 1-1 | 351 | 51 | _[|
| TITLE | | ☐ DELETE | 5.1 TII | LE | | , | | ∟ Change | Addition | |
| NAME | | | 5.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 5.3 ST | ree1 addre | ss | | | | | |
| CITY-ST-ZIP | | | 5.4 CI | TY-ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 7(1 | LE | 1 | | | ☐ Change |] Addition | |
| NAME | | | 6.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 6.3 57 | REET ADDRE | ss | | | | | 1 |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | | | |
| 14 Ldo herel | by certify that the information supplier | d with this filing does not qualit | v for the | exemptic | n stated | in Section 119.07(3)(i). Florida Statute | s I further | cortify that | the | 1 |

4. I do 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.

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1/22/07