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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 744666

1. Corporation Name

THE SEA OATS CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
**4570 OCEAN BEACH BLVD.
COCOA BEACH FL 32931**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/23/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2022117	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CARFAGNO, PAT	1.2 NAME	
STREET ADDRESS	4570 OCEAN BEACH BLVD #28	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	NELSON, JERRY	2.2 NAME	
STREET ADDRESS	4570 OCEAN BEACH BLVD #46	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	KENNEDY, WILLIAM	3.2 NAME	Denise Camparato
STREET ADDRESS	4570 OCEAN BEACH BLVD #20	3.3 STREET ADDRESS	4570 Ocean Beach Blvd
CITY-ST-ZIP	COCOA BCH FL	3.4 CITY-ST-ZIP	Cocoa Beach FL 32931
TITLE	VP	4.1 TITLE	
NAME	RISLEY, ALBERT	4.2 NAME	
STREET ADDRESS	4570 OCEAN BEACH BLVD #7	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	
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

P. Carfagno President

4-28-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)