

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90008 046 \*\*\*\*70.00

<b>DOCUMENT # 744666</b> 1. Entity Name <b>THE SEA OATS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4570 OCEAN BEACH BLVD. COCOA BEACH, FL 32931</b>			Mailing Address <b>4570 OCEAN BEACH BLVD. COCOA BEACH, FL 32931</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		07022004 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2022117</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>(\$8.75 Additional Fee Required)</b>				6. Name and Address of Current Registered Agent <b>THERIAC, JAMES 96 WILLARD ST COCOA, FL 32922</b>	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIKRIL, MICHAEL P <input type="checkbox"/> Delete 4570 OCEAN BCH BLVD #17 COCOA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MICHAEL P. PRIKRIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4570 OCEAN BEACH BLVD #17 COCOA BEACH FL. 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERCEY, PURCELL <input type="checkbox"/> Delete 4570 OCEAN BEACH BLVD #46 COCOA BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGGY PURCELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4570 OCEAN BEACH BLVD #31 COCOA BEACH FL. 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CORNELISSE, JAMES <input type="checkbox"/> Delete 4570 OCEAN BEACH BLVD STE 22 COCOA BCH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/J JAMES CORNELISSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4570 OCEAN BEACH BLVD #22 COCOA BEACH FL. 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISLEY, ALBERT <input type="checkbox"/> Delete 4570 OCEAN BEACH BLVD #7 COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE MICHAEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4570 OCEAN BEACH BLVD #63 COCOA BEACH FL. 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVELYN, BAUMANN <input checked="" type="checkbox"/> Delete 4570 OCEAN BEACH BLVD STE 30 COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE ZATROCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1193 W. RIVER RD -N. UNIT B-2 ELYRIA OH. 44035	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SHAUGHNESSY, ED <input type="checkbox"/> Delete 4570 OCEAN BEACH BLVD #21 COCOA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED O'SHAUGHNESSY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 715 LAKEWOOD CIRCLE MERRITT ISLAND FL 32952	
12. 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 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.					
<b>SIGNATURE:</b> <u>James T. Cornelisse Pres.</u> <b>JAMES T. CORNELISSE Pres 783-0666</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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