


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90107 037 ****61.25

DOCUMENT # 748597	
1. Entity Name SEA OATS OF BOCA GRANDE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5700 GULF SHORES DRIVE PO BOX 1101 BOCA GRANDE, FL 33921	Mailing Address 5700 GULF SHORES DRIVE PO BOX 1101 BOCA GRANDE, FL 33921
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2089204

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPURGEON, MARK A.
430 W 4 ST
BOCA GRANDE, FL 33921

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, OAKLEY	
STREET ADDRESS	192 FOURTH AVE	
CITY-ST-ZIP	BEREA, OH 44017	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEDRICK, JOHN R	
STREET ADDRESS	5704 PARADISE RIDGE	
CITY-ST-ZIP	WEST BEND, WI 53095	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBINSON, JOHN W	
STREET ADDRESS	2245 DURURY LN	
CITY-ST-ZIP	NORTHFIELD, IL 60093	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GEIL, MARILYN	
STREET ADDRESS	8175 WEST O AVE	
CITY-ST-ZIP	KALAMAZOO, MI 49009	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KNOWLES, MARILYN	
STREET ADDRESS	10 CARMICHAEL CRES.	
CITY-ST-ZIP	CULLINGWOOD, CANADA, 19y 4r6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2245 DRURY LANE	
CITY-ST-ZIP	NORTHFIELD, IL 60093	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2208 OAKLAND RIDGE DR.	
CITY-ST-ZIP	KALAMAZOO, MI 49008	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	COLLINGWOOD, ONT. CAN	
CITY-ST-ZIP	L9Y 4R6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: MARK A. SPURGEON 1-17-06 941 964-0338

REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #