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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 750629 (8)

1. Corporation Name

SEA OATS OF REDINGTON SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17500 GULF BLVD REDINGTON SHORES FL 33708 US	2700 E BAY DR #107 LARGO FL 33771-2459 US

3. Date Incorporated or Qualified: 01/16/1980
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2167586 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PARKER, JAMES T.
19917 GULF BLVD
REDINGTON BEACH FL 33708

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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATHEWS, RUDY		1.2 NAME		
STREET ADDRESS	1917 EAST 115TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	2.1 TITLE	P/D	☑ Change ☐ Addition
NAME	HATCH, LINDA		2.2 NAME		
STREET ADDRESS	1029 GREYHOUND PASS		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, JIM		3.2 NAME		
STREET ADDRESS	19917 GULF BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON BEACH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEISE, BILL		4.2 NAME		
STREET ADDRESS	710 BLAND WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VALENZUELA, HENRY		5.2 NAME		
STREET ADDRESS	7231 EGYPT LAKE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	SEBASTIAN, AL	
STREET ADDRESS			6.3 STREET ADDRESS	17767 MYRON DR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LIVONIA, MI 48152	

CR2E037 (9/96)

14. 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.

SIGNATURE: Linda Hatch SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051622