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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>REDINGTON SHORES FL 33708<br>US | 2700 E BAY DR<br>#107<br>LARGO FL 34641<br>US |

3. Date Incorporated or Qualified: 01/16/1980

4. FEI Number: 59-2167586 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) 33771 / Country (30) |

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 | D | ☒ Change ☐ Addition |
| NAME | MATHEWS, RUDY | | 1.2 NAME | CATHI BENTLEY | |
| STREET ADDRESS | 1917 EAST 115TH AVENUE | | 1.3 STREET ADDRESS | 12509 SUGAR PINE | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | HATCH, LINDA | | 2.2 NAME | | |
| STREET ADDRESS | 1029 GREYHOUND PASS | | 2.3 STREET ADDRESS | 17500 GULF BLVD #205 | |
| CITY-ST-ZIP | CARMEL IN | | 2.4 CITY-ST-ZIP | REDINGTON SHORES FL 33708 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | PARKER, JIM | | 3.2 NAME | AL PEREZ | |
| STREET ADDRESS | 19917 GULF BLVD. | | 3.3 STREET ADDRESS | 7014 PELICAN ISLE DR | |
| CITY-ST-ZIP | REDINGTON BEACH FL | | 3.4 CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | SEBASTIAN, AL | | 4.2 NAME | GILDA REYES | |
| STREET ADDRESS | 17757 MYRON DR | | 4.3 STREET ADDRESS | 17500 GULF BLVD #401 | |
| CITY-ST-ZIP | LIVONIA MI | | 4.4 CITY-ST-ZIP | REDINGTON SHORES FL 33708 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | | | 5.2 NAME | MICHAL SCHULTZ | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1504 PERSIMMON PL | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | NOBLESVILLE IN 46060 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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.

SIGNATURE: [signature] 1/28/98