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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90057 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750629

1. Corporation Name

SEA OATS OF REDINGTON SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
17500 GULF BLVD
REDINGTON SHORES FL 33708
US

Mailing Address
2700 E BAY DR
#107
LARGO FL 33771
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/16/1980 4. FEI Number 59-2167586 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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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	JIM PARKER
82 Street Address (P.O. Box Number is Not Acceptable)	16401 GULF BLVD
83	
84 City	REDINGTON SHORES FL
85 Zip Code	33708

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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENTLEY, CATHI	1.2 NAME	
STREET ADDRESS	12509 SUGAR PINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HATCH, LINDA	2.2 NAME	
STREET ADDRESS	17500 GULF BLVD #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, AL	3.2 NAME	
STREET ADDRESS	7014 PELICAN ISLE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	REYES, GILDA	4.2 NAME	JIM PARKER
STREET ADDRESS	17500 GULF BLVD #401	4.3 STREET ADDRESS	16401 GULF BLVD
CITY-ST-ZIP	REDINGTON SHORES FL 33708	4.4 CITY-ST-ZIP	REDINGTON SHORES FL 33708
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	SCHUTZ, MICHAEL	5.2 NAME	BILL WEISE
STREET ADDRESS	1504 PERSIMMON PL	5.3 STREET ADDRESS	TIO BLAND WAY
CITY-ST-ZIP	NOBLESVILLE IN 46060	5.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	TOM SAUNDERS
STREET ADDRESS		6.3 STREET ADDRESS	5081 SWEET LEAF CT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BARTON FL 33830

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] **SIGNATURE REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

[Signature] 16.99 727 398-2771
Date Daytime Phone #

0055629

CR2E037 (11/98)

TO:

DEPARTMENT OF STATE
CORP. ANNUAL REPORT

FROM:

247676-90057-3
750629

MESSAGE

SUBJECT

DOCUMENT #750629

DATE

1-7-99

FOLD

#13

ADDITIONS

TITLE

D

NAME

MARBEL GONZALVO

ST. ADDRESS

84 MARTINIQUE AVE

CITY-ST-ZIP

TAMPA

FL

33606

SIGNED