

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90025 042 ****61.25

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DOCUMENT # 750629 1. Entity Name SEA OATS OF REDINGTON SHORES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17500 GULF BLVD REDINGTON SHORES, FL 33708 US			Mailing Address 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02052007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2167586	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HATCH, LINDA 17500 GULF BOULEVARD #205 REDINGTON SHORES, FL 33708			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>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATCH, LINDA		NAME		
STREET ADDRESS	17500 GULF BLVD #205		STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES, FL 33708		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTLEY, CRIS		NAME	Cris Bentley	
STREET ADDRESS	17500 GULF BLVD #507		STREET ADDRESS	17500 Gulf Blvd., #507	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GONZALVO, MARIBEL		NAME	Margarita Giraldo	
STREET ADDRESS	84 MARTINIQUE AVENUE		STREET ADDRESS	5802 Mariner St.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33609	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRANELL, JAMIE		NAME	Michael Schutz	
STREET ADDRESS	13325 CAIN RD		STREET ADDRESS	21513 Shore Vista Lane	
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	Noblesville, IN 46060	
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	John Curtis	
STREET ADDRESS			STREET ADDRESS	401 Pine Grove	
CITY-ST-ZIP			CITY-ST-ZIP	Bensenville, IL 60106	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					