

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 014 ****70.00

DOCUMENT # 757798

1. Entity Name
**SEA OATS ON THE BEACH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1114 SANTA ROSA BV
FORT WALTON BEACH, FL 32548 US**

Mailing Address
**1114 SANTA ROSA BV
FORT WALTON BEACH, FL 32548 US**

40031587



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

02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2296828

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIMSLEY, JAMES W
909 MAR WALT DR
SUITE 1014
FORT WALTON BEACH, FL 32547**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
CORSENTINO, CHARLES A
1114 SANTA ROSA
FT. WALTON BCH, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
EDDLEMAN, BILL
1114 SANTA ROSA
FT. WALTON BCH, FL**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D Michael Appe
1901 Squirrel Path
Ft Walton Beach, FL 32547**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DAVIS, ANNE H
3708 LONGFELLOW RD
TALLAHASSEE, FL 32311**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GONZO, PATTI
118 NE OPP BLVD
FORT WALTON BEACH, FL 32548**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BURTON, RICHARD
102 COUNTY RD 461
HALEYVILLE, AL 35585**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: CHARLES A. CORSENTINO, SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07 850-833-5335
Date Daytime Phone #