


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90062 034 \*\*\*\*61.25

<b>DOCUMENT # 761600</b> 1. Entity Name <b>SEA OATS BEACH CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1720 GULF BOULEVARD ENGLEWOOD, FL 34223</b>			Mailing Address <b>PO BOX 510562 PUNTA GORDA, FL 33951 US</b>		
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	4. FEI Number <b>59-2445809</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEBB, SANKEY E III C/O WEBB, LORAH &amp; CO., P.L., CPA'S 1133 BAL HARBOR BLVD., SUITE 1135 PUNTA GORDA, FL 33955</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VPD
NAME	GOULTER, DOROTHY		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7506 GULF BOULEVARD		STREET ADDRESS		
CITY - ST - ZIP	ENGLEWOOD, FL 34223		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	DESGUIN, L V		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1497 CAPEL STREET		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 33953		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	BIEHL, DANNY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1601 TAMiami TRAIL		STREET ADDRESS		
CITY - ST - ZIP	PUNTA GORDA, FL 33950		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	WALDROP, J ROBERT		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1236 RED OAK LANE		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 339482179		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	BIBENS, MERRILL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5 BAHAMA CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	ENGLEWOOD, FL 342231803		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	SD	
NAME			NAME	JOHN P RHEAUME	
STREET ADDRESS			STREET ADDRESS	13268 DARNELL AVENUE	
CITY - ST - ZIP			CITY - ST - ZIP	PORT CHARLOTTE, FL 33981	
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: <i>L. Desguin</i>			941-637-8884		2-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #