

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763242** (5)

1. Corporation Name

SEA OATS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 31
SANIBEL FL 33957

P O BOX 31
SANIBEL FL 33957

3. Date Incorporated or Qualified

05/12/1982

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEINBERG, HARTLEY
475 SEA OATS DRIVE
SANIBEL FL 33957**

81 Name

Beston, Richard

82 Street Address (P.O. Box Number is Not Acceptable)

595 Sea Oats Drive

83

Sanibel Fl. 33957

84 City

FL

85

Zip Code

33957

11. Pursuant to the provisions of Sections 617.0302 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

Richard Beston

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLEINBERG, HARTLEY	
STREET ADDRESS	475 SEA OATS DRIVE	
CITY - ST - ZIP	SANIBEL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BESTON, RICHARD	
STREET ADDRESS	595 SEA OATS DR.	
CITY - ST - ZIP	SANIBEL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBINSON, LEO	
STREET ADDRESS	615 HIDEAWAY COURT	
CITY - ST - ZIP	SANIBEL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BESTON, EDNA MAY	
STREET ADDRESS	595 SEA OATS DRIVE	
CITY - ST - ZIP	SANIBEL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, DENNIS	
STREET ADDRESS	551 SEA OATS DR	
CITY - ST - ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Beston, Richard	
13 STREET ADDRESS	595 Sea Oats Dr.	
14 CITY - ST - ZIP	Sanibel, FL. 33957	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Athey, Chera	
23 STREET ADDRESS	685 Sporting Ct.	
24 CITY - ST - ZIP	Sanibel, Fl. 33907	
31 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Robinson, Leo.	
33 STREET ADDRESS	615 Hideaway Ct	
34 CITY - ST - ZIP	Sanibel Fl. 33957	
41 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Beston, Edna May	
43 STREET ADDRESS	595 Sea Oats Dr.	
44 CITY - ST - ZIP	Sanibel Fl. 33957	
51 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Kleinberg, Hartley	
53 STREET ADDRESS	475 Sea Oats Dr.	
54 CITY - ST - ZIP	Sanibel, Fl.	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Simon, Dennis	
63 STREET ADDRESS	551 Sea Oats Dr.	
64 CITY - ST - ZIP	Sanibel, Fl.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Leo F. Robinson
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

941

941-472-9763

Daytime Phone #

CR2E037 (12/95)