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Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33957P O BOX 31  
SANIBEL FL 33957-00313. Date Incorporated or Qualified  
05/12/19823a. Date of Last Report  
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2800432

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BESTON, RICHARD  
595 SEA OATS DR  
SANIBEL FL 33957

81 Name

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

83

84 City

FL

85 Zip Code

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

RICHARD F. BESTON

Richard F. Beston

1/6/97

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 PO ☐ DELETENAME BESTON, RICHARD  
STREET ADDRESS 595 SEA OATS DR  
CITY-ST-ZIP SANIBEL FLTITLE VP ☐ DELETENAME ATHEY, CHERE  
STREET ADDRESS 685 SPORTING CT  
CITY-ST-ZIP SANIBEL FLTITLE TD ☐ DELETENAME ROBINSON, LEO  
STREET ADDRESS 615 HIDEAWAY COURT  
CITY-ST-ZIP SANIBEL FLTITLE SD ☐ DELETENAME BESTON, EDNA MAE  
STREET ADDRESS 595 SEA OATS DRIVE  
CITY-ST-ZIP SANIBEL FLTITLE CD ☐ DELETENAME KLEINBERG, HARTLEY  
STREET ADDRESS 475 SEA OATS DR  
CITY-ST-ZIP SANIBEL FLTITLE D ☐ DELETENAME SIMON, DENNIS  
STREET ADDRESS 556 SEA OATS DR  
CITY-ST-ZIP SANIBEL FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Leo P. Robinson

Leo P. Robinson

1/6/97

472 9763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0057881

CR2E037 (9/96)