


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90045 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 763242</b>					
1. Corporation Name <b>SEA OATS IMPROVEMENT ASSOCIATION, INC.</b>					
Principal Place of Business P O BOX 31 SANIBEL FL 33957			Mailing Address P O BOX 31 SANIBEL FL 33957		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/12/1982</b> 4. FEI Number <b>59-2800432</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BESTON, RICHARD</b> <b>595 SEA OATS DR</b> <b>SANIBEL FL 33957</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PD	<input type="checkbox"/> DELETE					
NAME	BESTON, RICHARD						
STREET ADDRESS	595 SEA OATS DR						
CITY-ST-ZIP	SANIBEL FL						
TITLE	VP	<input type="checkbox"/> DELETE					
NAME	MORLEY, JOHN						
STREET ADDRESS	604 SEA OATS DR						
CITY-ST-ZIP	SANIBEL FL						
TITLE	TD	<input type="checkbox"/> DELETE					
NAME	PICKLES, MARY A						
STREET ADDRESS	610 HIDEAWAY CT						
CITY-ST-ZIP	SANIBEL FL						
TITLE	SD	<input type="checkbox"/> DELETE					
NAME	BESTON, EDNA MAE						
STREET ADDRESS	595 SEA OATS DRIVE						
CITY-ST-ZIP	SANIBEL FL						
TITLE	CD	<input type="checkbox"/> DELETE					
NAME	KLEINBERG, HARTLEY						
STREET ADDRESS	475 SEA OATS DR						
CITY-ST-ZIP	SANIBEL FL						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	SIMON, DENNIS						
STREET ADDRESS	556 SEA OATS DR						
CITY-ST-ZIP	SANIBEL FL						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
3.2 NAME	Pickles, MaryAnn						
3.3 STREET ADDRESS	610 Hideaway CT						
3.4 CITY-ST-ZIP	Sanibel, FL						
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. I 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, with all other like empowered.

SIGNATURE:

*John Morley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (941) 395-2837

Date Daytime Phone #

CR2E037 (11/98)