

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90046 024 ****61.25

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DOCUMENT # 769937

1. Corporation Name

SEA OATES VILLAS CONDOMINIUM, INC.

Principal Place of Business

% CHARLES E. FIELDS, JR.
P.O. BOX 113
WINTER HAVEN FL 33882

Mailing Address

% CHARLES E. FIELDS, JR.
P.O. BOX 113
WINTER HAVEN FL 33882



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/23/1983

4. FEI Number

59-2552670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FIELDS, CHARLES E JR
100 10TH ST SE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 617.0502, 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 ☒ DELETE

NAME FIELDS, CHARLES E JR
STREET ADDRESS 100 10TH ST SE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE VD ☒ DELETE

NAME ROBINSON, JAYNE
STREET ADDRESS 464 LAKE ASBURY DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE STD ☐ DELETE

NAME VIGIL, ANNIE
STREET ADDRESS #2 E STREET, APT. 1
CITY-ST-ZIP ST AUGUSTINE BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition

1.2 NAME FIELDS, CHARLES E. JR
1.3 STREET ADDRESS 100 10TH ST SE
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

2.1 TITLE PD ☐ Change ☒ Addition

2.2 NAME BENN E. G. EILERT
2.3 STREET ADDRESS 2 E ST. -#2
2.4 CITY-ST-ZIP ST. AUGUSTINE BEACH, FL. 32084

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 1999 (904) 461-7653
Date Daytime Phone #

CR2E037 (11/98)