2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90112 030 ****61.25

DOCUMENT # 769937

1. Entity Name

SEA OATES VILLAS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
% CHARLES E. FIELDS. JR. P.O. BOX 113 WINTER HAVEN FL 33882	% CHARLES E. FIELDS. JR. P.O. BOX 113 WINTER HAVEN FL 33882-0113

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o ANNIE VIGIL	c/o ANNIE VIGIL
Suite, Apt. #, etc. 2 E ST. - #1	Suite, Apt. #, etc. 2 E ST. - #1
City & State ST. AUGUSTINE BEACH, FL	City & State ST. AUGUSTINE BEACH, FL
Zip / Country 32084 / ST. JOHN'S	Zip / Country 32084 / ST. JOHN'S

4. FEI Number 59-2552670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIELDS, CHARLES E JR 100 10TH ST SE WINTER HAVEN FL 33880	Name: ANNIE VIGIL Street Address (P.O. Box Number is Not Acceptable): 2 E ST. - #1 City: ST. AUGUSTINE BEACH FL Zip Code: 32084

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.

SIGNATURE x Annie Vigil
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FIELDS, CHARLES E JR 100 10TH ST SE WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EILERT, BEN E 2E ST #2 ST AUGUSTINE BEACH FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VIGIL, ANNIE #2 E STREET, APT. 1 ST AUGUSTINE BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

12. 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 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: Ben E. Eilert PD Ben E. Eilert PD 1/12/2000 (904) 461-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #