2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# 769937

Entity Name: SEA OATES VILLAS CONDOMINIUM, INC.

Current Principal Place of Business:

C/O BENN EILERT
TWO 'E' STREET #2
SAINT AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

Current Mailing Address:

C/O BENN EILERT
TWO 'E' STREET #2
SAINT AUGUSTINE BEACH, FL 32080

New Mailing Address:

WANDA S. CHAMBERS
102 SANDBAR WAY
SAINT AUGUSTINE BEACH, FL 32080

FEI Number: 59-2552670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EILERT, BENN
TWO 'E' STREET #2
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

CHAMBERS, WANDA S
102 SANDBAR WAY
ST. AUGUSTINE, FL 32080 US

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: WANDA S. CHAMBERS 01/10/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: FIELDS, CHARLES E JR
Address: 100 10TH ST SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD ( ) Delete
Name: EILERT, BEN E
Address: 2E ST #2
City-St-Zip: ST AUGUSTINE BEACH, FL 32084

Title: S ( ) Delete
Name: CHAMBERS, WANDA
Address: 30 OCEAN PINES DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: PATRICK, MARK R.
Address: 4040 WOODCOCK DRIVE SUITE 230
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: EILERT, BENN E
Address: 2E ST #2
City-St-Zip: ST AUGUSTINE BEACH, FL 32084

Title: S (X) Change ( ) Addition
Name: CHAMBERS, WANDA
Address: 102 SANDBAR WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA S. CHAMBERS S 01/10/2004
Electronic Signature of Signing Officer or Director Date