

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769937

FILED
Apr 06, 2009
Secretary of State

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:

WANDA S. CHAMBERS
105 SPANISH OAKS LANE
SAINT AUGUSTINE BEACH, FL 32080

New Mailing Address:

FEI Number: 59-2552670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, WANDA S.
105 SPANISH OAKS LANE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: EILERT, BENN
Address: 2 E STREET, UNIT 2
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: JOYNER, ELLIS WAYNE
Address: 2E ST #2
City-St-Zip: ST AUGUSTINE BEACH, FL 32084

Title: S/T () Delete
Name: CHAMBERS, WANDA S.
Address: 105 SPANISH OAKS LANE
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

Title: D/V () Delete
Name: FIELDS, CHARLES E
Address: 3203 HAVENDALE ROAD
City-St-Zip: WINTER HAVEN, FL 33882

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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/T

04/06/2009

Electronic Signature of Signing Officer or Director

Date