

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90228 022 \*\*\*150.00

**DOCUMENT # G93297**

1. Entity Name  
**SEA OAKS BEACH & TENNIS CLUB, INC.**



Principal Place of Business  
**1235 WINDING OAKS CIRCLE  
VERO BEACH, FL 32963**

Mailing Address  
**1235 WINDING OAKS CIRCLE  
VERO BEACH, FL 32963**

**60033655**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-2492496**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAWSON, PAMELA S  
1235 WINDING OAKS CIRCLE  
VERO BEACH, FL 32963**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MC INNIS, ROBERT	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY- ST- ZIP	VERO BEACH, FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DULANY, FOSTER	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY- ST- ZIP	VERO BEACH, FL 32963	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARLSON, JOYCE	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY- ST- ZIP	VERO BEACH, FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIS, ROBERT	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY- ST- ZIP	VERO BEACH, FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAREN LEHMANN	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY- ST- ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Handwritten signature and date: 4-25-06*

ATTACHMENT  
60033655  
#G93297

**WE HAVE MOVED  
OUR NEW ADDRESS IS:**

**SEA OAKS BEACH & TENNIS CLUB  
8811 HIGHWAY A1A  
VERO BEACH FL 32963-4041**

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