2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Rdo T M. Selles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # G93297 04-30-2007 90456 035 ***150.00 1. Entity Name SEA OAKS BEACH & TENNIS CLUB, INC. Principal Place of Business Mailing Address 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8811 Highway AIA 8811 Highway AIA Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) City & State Vero Beach, City & State 4. FEI Number Applied For Vero Beach, FL 59-2492496 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32963 USA 45 A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAMELA S. DAWSON DAWSON, PAMELA S 1235 WINDING OAKS CIRCLE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32963 8811 Highway AIA 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, lype winted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition Foster, Dulaney 8811 Highway AIA DULANY, FOSTER NAME NAME STREET ADDRESS 1235 WINDING OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP ~ TITLE Delete TITLE ☐ Change Addition CARLSON, JOYCE NAME NAME STREET ADDRESS 1235 WINDING OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITES ☐ Addition Gillis Robert 8811 Highway AIA NAME GILLIS, ROBERT NAME STREET ADDRESS 1235 WINDING OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP Vero Beach, FL 32963 TITLE ☐ Delete TITLE Change ☐ Addition NAME LEHMANN, KAREN Lehman, Karen NAME 8811 Highway AIA STREET ADDRESS 1235 WINDING OAKS CIR STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP Vero Beach. FL 32963 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Robert A. Gillis