


FILED
Jul 06, 2004 8:00 am
Secretary of State

54059875

1. Entity Name SEA OATS OWNERS' ASSOCIATION, INC.				07-06-2004 90003 026 ***61.25	
Principal Place of Business 3540 FOREST HILL BLVD., SUITE 203 W. PALM BEACH, FL 33406		Mailing Address 3540 FOREST HILL BLVD., SUITE 203 W. PALM BEACH, FL 33406		54059875	
2. Principal Place of Business		3. Mailing Address		07032004	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
Zip		Country		4. FEI Number 65-1068983	
5. Certificate of Status Desired		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, JOHN 8212 KIAWAH TRACE PORT ST. LUCIE, FL 34986				7. Name and Address of New Registered Agent Name: Deborah A Dentry Street Address (P.O. Box Number is Not Acceptable): 3540 Forest Hill Blvd #203 City: WPalm Bch FL Zip Code: 33406	
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] DATE: 7/3/04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: PD NAME: MOODY, LLOYD STREET ADDRESS: P.O. BOX 691784 CITY-ST-ZIP: HOUSTON, TX 772691784			TITLE: DP NAME: George W Heaton STREET ADDRESS: 2655 N Ocean Dr #400 CITY-ST-ZIP: Singer Island FL 33404		
TITLE: VPD NAME: MITCHELL, JOHN STREET ADDRESS: 8212 KIAWAH TRACE CITY-ST-ZIP: PORT SAINT LUCIE, FL 34986			TITLE: DVP NAME: Lee W Heaton STREET ADDRESS: 2655 N Ocean Dr #400 CITY-ST-ZIP: Singer Island FL 33404		
TITLE: D NAME: ROBINSON, SARAH STREET ADDRESS: 128A PASEO DE LA CONCHA CITY-ST-ZIP: REDONDO BEACH, CA 90277			TITLE: DVP NAME: Harris Weinstein STREET ADDRESS: 2927 Rhone Dr CITY-ST-ZIP: P Beach Gardens FL 33410		
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]			TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]			TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]			TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		
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: [Signature] George W Heaton 7/3/04 561-8335700					