2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008112



SEA OATS OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 3540 FOREST HILL BLVD., SUITE 203 3540 FOREST HILL BLVD., SUITE 203 W. PALM BEACH, FL 33406 W. PALM BEACH, FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 65-1068983 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33406 City 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD EITLE Delete Delete TITLE President NAJ HUSAIN ☐ Change Addition HEATON, GEORGE W NAME NAME 1059 Great Passage Blud Great Falls, VA 22016 2655 N OCEAN DR #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SINGER ISLAND, FL 33404 City-SI-7iP Vice President Patrick Petit DVP TITLE Delete TITLE Addition ☐ Change HEATON, LEE W NAME NAME 2655 N OCEAN DR #400 424 Spring Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SINGER ISLAND, FL 33404 Newkensington, AA 15068 CITY-ST-ZIP DVP ☐ Delete TREasurer TITLE TITLE Change ☐ Addition WEINSTEIN, HARRIS NAME NAME 2927 RHONE DR STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change Angela grandinetti 1905 so Indian River Dr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP F+ Acroc F1 34982 CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

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 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 AND TYPED OF INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90349 046 ****61.25