
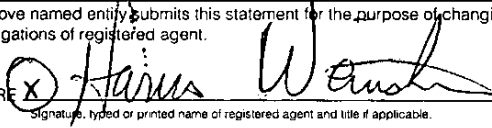
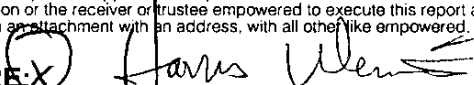


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 025 ****61.25

DOCUMENT # N00000008112 1. Entity Name SEA OATS OWNERS' ASSOCIATION, INC.			
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	
2. Principal Place of Business - No P.O. Box # 2927 Rhone Drive Suite, Apt. #, etc.		3. Mailing Address 2927 Rhone Drive Suite, Apt. #, etc.	
City & State PB Gardens FL Zip 33410 Country US		City & State PB Gardens FL Zip 33410 Country US	
4. FEI Number 65-1068983		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Harris Weinstein Street Address (P.O. Box Number is Not Acceptable) 2927 Rhone Drive City PB Gardens FL Zip Code 33410	
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  DATE 4/9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HUSAIN, NAJ STREET ADDRESS 1059 GREAT PASSAGE BLVD. CITY-ST-ZIP GREAT FALLS, VA 22016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME PETIT, PATRICK STREET ADDRESS 426 SPRINGS ST CITY-ST-ZIP NEW KENSINGTON, PA 15068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WEINSTEIN, HARRIS STREET ADDRESS 2927 RHONE DR CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME GRANDINETTI, ANGELA STREET ADDRESS 7905 S. INDIAN RIVER DR CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 		Date 4/9/07 Daytime Phone # 5616225590	