

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 23, 1999 8:00 am  
Secretary of State

07-23-1999 90006 001 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00393

1. Corporation Name

SEA OAKS PROPERTY OWNERS ASSOCIATION, INC.

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

Mailing Address  
1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963



|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                         |  |
| 21                             |  | 26                  |  | 12/13/1983  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |  | 27                  |  | 59-2408927  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |  | 28                  |  | \$8.75 Additional Fee Required                            |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing                            |  |
| 24                             |  | 29                  |  | Trust Fund Contribution <input type="checkbox"/>          |  |
| Country                        |  | Country             |  | 30  |  |
| 25                             |  | 30                  |  | \$5.00 May Be Added to Fees                               |  |

9. Name and Address of Current Registered Agent

HENDERSON, STEVE  
817 BEACHLAND BLVD.  
VERO BEACH FL 32964

10. Name and Address of New Registered Agent

81 Name Professional Assoc. Mgmt. Services  
82 Street Address (P.O. Box Number is Not Acceptable) 1235 Winding Oaks Circle E.  
83  
84 City VERO BEACH FL 85 Zip Code 32963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-------------------------------|---|-----------------------|
| TITLE                      | PD                            | 1.1 TITLE   | PRESIDENT             |
| NAME                       | <del>MEUNIER, JEAN MARC</del> | 1.2 NAME  | ERIC BONNET           |
| STREET ADDRESS             | 1235 WINDING OAKS CIRCLE      | 1.3 STREET ADDRESS                                    | 1235 WINDING OAKS CR. |
| CITY-ST-ZIP                | VERO BCH FL                   | 1.4 CITY-ST-ZIP                                       | VERO BEACH, FL 32963  |
| TITLE                      | VD                            | 2.1 TITLE   |                       |
| NAME                       | AXTELL, SILAS                 | 2.2 NAME  |                       |
| STREET ADDRESS             | 1235 WINDING OAKS CIRCLE      | 2.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | VERO BCH FL                   | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | STD                           | 3.1 TITLE   | STD                   |
| NAME                       | JACQUES, BRION                | 3.2 NAME  | GEORGE GEIBEL         |
| STREET ADDRESS             | 1235 WINDING OAKS CIRCLE      | 3.3 STREET ADDRESS                                    | 1235 WINDING OAK CR.  |
| CITY-ST-ZIP                | VERO BCH FL                   | 3.4 CITY-ST-ZIP                                       | VERO BEACH, FL 32963  |
| TITLE                      |                               | 4.1 TITLE   |                       |
| NAME                       |                               | 4.2 NAME  |                       |
| STREET ADDRESS             |                               | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                               | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                               | 5.1 TITLE   |                       |
| NAME                       |                               | 5.2 NAME  |                       |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                               | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                               | 6.1 TITLE   |                       |
| NAME                       |                               | 6.2 NAME  |                       |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                               | 6.4 CITY-ST-ZIP                                       |                       |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

July 7th 1999

CR2E037 (5/99)