

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00393

1. Entity Name

SEA OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963

1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-2408927

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BONNET, ERIC
1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
AXTELL, SILAS
1235 WINDING OAKS CIRCLE
VERO BCH FL

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
YOUNG, DAN
1235 WINDING OAKS CR
VERO BEACH FL 32963

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NAME
STREET ADDRESS
CITY - ST - ZIP
ST
McKinney, Kathleen
1235 WINDING OAKS CIRCLE
VERO BEACH, FL 32963

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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC BONNET 5612312134
MARCH 5, 2001

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90264 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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