

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90433 044 \*\*\*\*61.25

**DOCUMENT # N00393**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2408927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROFESSIONAL ASSOC MGMT SERVICES  
1235 WINDING OAKS CIRCLE E  
VERO BEACH FL 32963

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BONNET, ERIC**  
STREET ADDRESS **1235 WINDING OAKS CIRCLE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **PD** ☐ Delete  
NAME **HILTON, RAYMOND**  
STREET ADDRESS **1235 WINDING OAKS CIRCLE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ Delete  
NAME **ALLOPENNA, PHILIP**  
STREET ADDRESS **1235 WINDING OAKS CIRCLE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ Delete  
NAME **CARLSON, JOYCE**  
STREET ADDRESS **1235 WINDING OAKS CIRCLE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ Delete  
NAME **HICKS, JAMES**  
STREET ADDRESS **1235 WINDING OAKS CIRCLE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

3/21/04

Attachments N00893

DIRECTORS:

Foster, Dulany  
1235 Winding Oaks Circle  
Vero Beach, FL 32963

Hicks, James  
1235 Winding Oaks Circle  
Vero Beach, FL 32963

Johnson, William  
1235 Winding Oaks Circle  
Vero Beach, FL 32963

Secretary

May, James  
1235 Winding Oaks Circle  
Vero Beach, FL 32963

McInnis, Robert  
1235 Winding Oaks Circle  
Vero Beach, FL 32963

Stowell, Samuel  
1235 Winding Oaks Circle  
Vero Beach, FL 32963