

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90037 032 ****61.25

DOCUMENT # N00393
1. Entity Name
SEA OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
8811 A1A **8811 A1A**
VERO BEACH FL 32963 **VERO BEACH FL 32963**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-2408927 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PROFESSIONAL ASSOC MGMT SERVICES
1235 WINDING OAKS CIRCLE E
VERO BEACH FL 32963

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Paul A. K...* *Managing Agent* *2/15/08*
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
Due By May 1, 2008

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	LEHMANN, KAREN	
STREET ADDRESS	8811 A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	P	<input type="checkbox"/> Delete
NAME	FOSTER, JR, DULANY	
STREET ADDRESS	8811 A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILLIS, ROBERT	
STREET ADDRESS	8811 A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, RICHARD	
STREET ADDRESS	8811 A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIS, ROBERT	
STREET ADDRESS	8811 A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keegan, James	
STREET ADDRESS	8811 A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963-4020	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, W. Keith	
STREET ADDRESS	8811 A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963-4020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James R. Keegan* Date: *7/2-231-2154*