2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # N01000003150 05-02-2006 90215 011 ****61.25 SEA OAKS DUNE HOUSES CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address REN HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For DINE 65-1118265 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3mdc SAME Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMME DAWSON, PAMELA Street Address (P.Q. Number is Not Acceptable) 1235 WINDING OAKS CIRCLE 1416H NBV VERO BEACH FL 32963 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 PAMELA DAWSON, YV SIGNATURE Signature, typics or sisted name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VPD THLE СP **X** Change ☐ Delete Addition HAYES, TOM NAME NAME HAYES, TOM 8811 HWY AIA SAME 1235 WINDING OAKS CIRCLE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CHY-ST-ZIP CITY-ST-ZIP PD **Addition** TITLE Delete TITLE ☐ Change ISOLA, ROBERT KEITH MILLER NAME NAME 1235 WINDINGOAKS CIRCLE STREET ADDRESS 8811 HIGHWAY AIR STREET ADDRESS VERO BEACH FL 32963 CITY-SI-ZIP CITY-ST-ZIP VERD BEALH, FL Change TITLE ☐ Delete TITLE ☐ Addition SAMC MULLINS, JEFFREY NAME NAME SAME AIG MOUNDIN 188 STREET ADDRESS 1235 WINDING OAKS CIRCLE →STREET ADDRESS CITY-\$1-7(P VERO BEACH FL 32963 CITY - ST - 7/P Shme TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. Thereby certify that the information subplied with this filing does not quality for the exemptions contained in Section 119. Florida Statutes. I turther certify that the information indicated on this report or suppliemental 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.

SIGNATUR

2/16/1016

FILED