

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90233 015 ****61.25

DOCUMENT # N01000003150

1. Entity Name
**SEA OAKS DUNE HOUSES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8811 HWY A1A
VERO BEACH, FL 32963**

Mailing Address
**8811 HWY A1A
VERO BEACH, FL 32963**

60043436



04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1118265

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAWSON, PAMELA
8811 HWY A1A
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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 is required when reinstating)

Managing Agent

4-20-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAYES, TOM
STREET ADDRESS 8811 HWY A1A
CITY - ST - ZIP VERO BEACH, FL 32963

TITLE VP
NAME MILLER, KEITH
STREET ADDRESS 8811 HWY A1A
CITY - ST - ZIP VERO BEACH, FL 32963

TITLE ST
NAME MULLINS, JEFFREY
STREET ADDRESS 8811 HWY A1A
CITY - ST - ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Hayes

DATE

Daytime Phone #