

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90316 038 \*\*\*\*61.25

**DOCUMENT # N02000005152**

1. Entity Name

SEA OAKS PLANTATION HOUSES CONDOMINIUM  
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

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-1199444

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

DAWSON, PAMELA S  
1235 WINDING OAKS CIRCLE  
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 changing)

DATE

*Pamela Dawson, Managing Agent*

*2/23/05*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DD ☒ Delete  
NAME WEISS, DALE  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE *Pres* ☐ Change ☒ Addition  
NAME *NORM TORRISON*  
STREET ADDRESS *1235 WINDING OAKS CIR.*  
CITY-ST-ZIP *VERO BEACH, FL. 32963*

TITLE DD ☒ Delete  
NAME SHEILDS, LIZ  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE *V.P.* ☐ Change ☒ Addition  
NAME *Joe Seltzer*  
STREET ADDRESS *1235 WINDING OAKS CIR.*  
CITY-ST-ZIP *VERO BEACH, FL. 32963*

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

TITLE *ST* ☐ Change ☒ Addition  
NAME *Susan Crampton*  
STREET ADDRESS *1235 WINDING OAKS CIR.*  
CITY-ST-ZIP *VERO BEACH, FL. 32963*

TITLE DD ☒ Delete  
NAME TORRISON, NORMAN  
STREET ADDRESS 1235 WINDING OAKS CIR.  
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Susan Crampton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/05*

Date

*772-231-2154*

Daytime Phone #