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

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # N02000005152 1. Entity Name 04-28-2006 90147 039 ****61.25 SEA OAKS PLANTATION HOUSES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address 8811 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Vero Beach, City & State Beach Applied For 4. FEI Number 65-1199444 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired \Box 32963 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ja DAWSON, PAMELA S 1235 WINDING OAKS CIRCLE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 8811 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. busow, Managine, Age SIGNATURE . d or printed 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 11. TITLE 🔀 Delete THILE **X** Change ☐ Addition Richard Herdegen 1235 WINDING BatsCircle Vero Beach FL 32963 TORRISON, NOEM -NAME 1235 WINDING OAKS CIRCLE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SELTZER, JOE NAME NAME 1235 WINDING OAKS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-712 VERO BEACH FL 32963 CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition CRAMPTON, SUSAN NAME NAME STREET ADDRESS 1235 WINDING OAKS CIRCLE STREET ADDRESS VERO BEACH FL 32963 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachpent with an address, with alphither like empowered. terderen 420/06 772-231-2154 SIGNATURE: