2007 NOT-FOR-PROFIT CORPORATION

Apr 27, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N02000005152 04-27-2007 90220 006 ****61.25 SEA OAKS PLANTATION HOUSES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 8811 A1A 8811 A1A 40087145 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. 04162007 Chq-NP CR2E037 (12/06) 4. FEI Number 65-1199444 City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAWSON, PAMELA S 8811 A1A Street Address (P.O. Box Number is Not Acceptable) 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 SIGNATURE Signature, typed virinted name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Chapne ☐ Addition HERDEGEN, RICHARD NAME NAME **1235 WINDING OAKS GIR** STREET ADDRESS STREET ADDRESS 8811 HWY, AIA CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SELTZER, JOE NAME 8811 HWY. APA STREET ADDRESS 1235 WINDING OAKS CIRCLE-STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CRAMPTON, SUSAN NAME STREET ADDRESS 8811 HWY, AIA STREET ADDRESS 1235 WINDING OAKS CIRCLE CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP □ 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-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME

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12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

| SIGNATURE: _ | Bechard Gerdegen | 4-19-07 | |
|--------------|--|---------|-----------------|
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
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