2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FEE 1,42008 108:00 Al Secretary of State DOCUMENT # N02000005152 1. Entity Name SEA OAKS PLANTATION HOUSES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 8811 A1A 8811 A1A VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 65-1199444 Not Applicable Ζip Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Benuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAWSON, PAMELA S Street Address (P.O. Box Number is Not Acceptable) 8811 A1⁄A VERO BEACH FL 32 Zip Code City 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 cented name of registrood agent and title if adelicable (NOTE: Registered Agent signabline registrated when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delate Change Addition HERDEGEN, RICHARD 8811 HWY AIA STREET ADDRESS STREET ADDRESS 05/07/08-80038-016 61.25 VERO BEACH FL 32963 CITY - ST - ZIP CITY - ST - ZiP Delete Change neitibbA 🔲 SELTZER, JOE NAME 8811 HWY, AIA STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CRAMPTON, SUSAN NAME NAME 8811 HWY AIA STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-7IP CITY ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE STREET AUDRESS STREET APORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE

231-2154