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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02338

1. Corporation Name

SEA OATS OF JUNO BEACH CONDOMINIUM ASSOCIATION, INC.

* 4 8 7 6 7 5 *
487675 - 90038 - 38

Principal Place of Business	Mailing Address
801 SEA OATS DR. JUNO BEACH FL 33408	801 SEA OATS DR. JUNO BEACH FL 33408

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/03/1984	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2483919	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

INGLIS, STEVE
103 S US HWY 1
F5-135
JUPITER FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOHNLE, BEATRICE N		1.2 NAME		
STREET ADDRESS	201D SEA OATS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ATTINO, ANN		2.2 NAME		
STREET ADDRESS	204 B SEA OATS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, WILLIAM E		3.2 NAME		
STREET ADDRESS	102 SEA OATS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOVEGREEN, JOHN		4.2 NAME		
STREET ADDRESS	102 B SEA OATS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KLIDONAS, JIM		5.2 NAME	PATRICIA COX	
STREET ADDRESS	103 H SEA OATS		5.3 STREET ADDRESS	101 D SEA OATS DR.	
CITY-ST-ZIP	JUNO BEACH FL		5.4 CITY-ST-ZIP	JUNO BEACH, FL. 33408	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	MARVIN FINDLING	
STREET ADDRESS			6.3 STREET ADDRESS	202 F SEA OATS DR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED William S Young 4/26/99 (561) 622-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #