

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02338

1. Entity Name

SEA OATS OF JUNO BEACH CONDOMINIUM ASSOCIATION,

Principal Place of Business

801 SEA OATS DR.
JUNO BEACH FL 33408

Mailing Address

801 SEA OATS DR.
JUNO BEACH FL 33408-1440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2483919

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

INGLIS, STEVE

Please Change Address to:
725 NORTH A1A SUITE 110
JUPITER, FL 33477

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	KOHNLE, BEATRICE N	
STREET ADDRESS	201D SEA OATS DRIVE	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	SD	☐ Delete
NAME	ATTINO, ANN	
STREET ADDRESS	204 B SEA OATS DRIVE	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	TD	☐ Delete
NAME	YOUNG, WILLIAM E	
STREET ADDRESS	102 SEA OATS DRIVE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VP	☒ Delete
NAME	LOVEGREEN, JOHN	
STREET ADDRESS	102 B SEA OATS DR	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	VP	☐ Delete
NAME	KLIDONAS, JIM	
STREET ADDRESS	103 H SEA OATS	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	☒ Delete
NAME	FINLING, MARVIN	
STREET ADDRESS	202 F. SEA OATS DR.	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	PD	☐ Change ☒ Addition
NAME	Ann Miller	
STREET ADDRESS	204 A Sea Oats Dr	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	☐ Change ☒ Addition
NAME	PATRICIA COX	
STREET ADDRESS	101 D SEA OATS DR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	☐ Change ☒ Addition
NAME	Jeanette M. Youngblood	
STREET ADDRESS	102 G Sea Oats Dr	
CITY-ST-ZIP	JUNO BEACH, FL	

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: X

SIGNATURE REQUIRED Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90088 015 ****61.25



DO NOT WRITE IN THIS SPACE

CE-0-7-0001

561-624-2956

3-15-00 502-1113