

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90050 045 \*\*\*\*61.25

**DOCUMENT # N02338**

1. Entity Name

**SEA OATS OF JUNO BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

801 SEA-OATS DR.  
 JUNO BEACH FL 33408

Mailing Address

801 SEA OATS DR.  
 JUNO BEACH FL 33408

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2. Principal Place of Business

1930 COMMERCE LANE

3. Mailing Address

1930 COMMERCE LANE

Suite, Apt. #, etc.  
 SUITE #1

Suite, Apt. #, etc.  
 SUITE #1

City & State  
 JUPITER, FL.

City & State  
 JUPITER, FL.

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

INGLIS, STEVE  
 725 N A1A  
 STE 110  
 JUPITER FL 33477

7. Name and Address of New Registered Agent

Name **INGLIS, STEVE**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1930 COMMERCE LANE (SUITE #1)  
 City **JUPITER** FL Zip Code **33458**

8. The above named entity admits 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

4-27-2002

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ANN 204 A SEA OATS DR JUNO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATTINO, ANN 204 B SEA OATS DRIVE JUNO BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, WILLIAM E 102 SEA OATS DRIVE JUNO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO COX, PATRICIA 101 D SEA OATS DR JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLIDONAS, JIM 103 H SEA OATS JUNO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO YOUNGBLOOD, JEANETTE M 102 G SEA OATS DR JUNO BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LUCIANO, JOHN 102-G SEA OATS DR. JUNO BEACH, FL. 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SAVASTANO, ANTHONY 101-F SEA OATS DR. JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (561) 627-8755

CR2E037 (9/01)