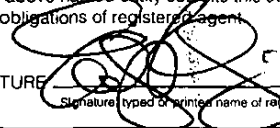
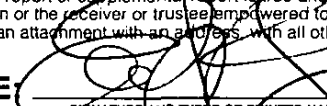


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90032 018 ****61.25

DOCUMENT # N03000009394 1. Entity Name SEABOARD OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2100 19TH ST SARASOTA, FL 34234			Mailing Address 2100 19TH ST SARASOTA, FL 34234		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-2617499 Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UCCELLO, ANTONIO F III 2100 19TH ST SARASOTA, FL 34234				7. Name and Address of New Registered Agent Name Evelyn Silva Street Address (P.O. Box Number is Not Acceptable) 3523 24th PKWY City Sarasota FL 34235	
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  DATE 1/4/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UCCELLO, ANTONIO F III 2100 19TH ST SARASOTA, FL 34234	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Evelyn Silva 3523 24th PKWY Sarasota FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUSE, PEYTON W 935 BIRDIE WAY APOLLO BEACH, FL 35572	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Abraham Uccello 2100 19th St Sarasota FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, TAN 1419-A 5TH ST SARASOTA, FL 34236	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE 			Date 1/4/08 Daytime Phone # 941-330-0336		