


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90233 020 \*\*\*\*61.25

<b>DOCUMENT # N05000009177</b>					
<b>1. Entity Name</b> SEA OAKS COURTYARD HOMES AT THE PRESERVE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1235 WINDING OAKS CIRCLE EAST VERO BEACH, FL 32963			<b>Mailing Address</b> 1235 WINDING OAKS CIRCLE EAST VERO BEACH, FL 32963		
<b>2. Principal Place of Business - No P.O. Box #</b> 8811 Hwy. A1A Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8811 Hwy. A1A Suite, Apt. #, etc.			
<b>City &amp; State</b> Vero Beach, FL Zip: 32963 Country: IR		<b>City &amp; State</b> Vero Beach, FL Zip: 32963 Country: IR		<b>4. FEI Number</b> 20-3538542	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BONNET, ERIC 1235 WINDING OAKS CIRCLE EAST VERO BEACH, FL 32963					
<b>7. Name and Address of New Registered Agent</b> Name: PAMELA DAWSON Street Address (P.O. Box Number is Not Acceptable): 8811 Hwy. A1A City: Vero Beach FL Zip Code: 32963					
<b>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.</b> SIGNATURE: <i>[Signature]</i> Managing Agent DATE: 4-19-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: DP NAME: BONNET, ERIC STREET ADDRESS: 1235 WINDING OAKS CIRCLE EAST CITY-ST-ZIP: VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE: DP NAME: WINSTON WOOD STREET ADDRESS: 8811 Hwy. A1A CITY-ST-ZIP: Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: DV NAME: WEISS, DALE STREET ADDRESS: 1235 WINDING OAKS CIRCLE EAST CITY-ST-ZIP: VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE: DVP NAME: PETER TEDESKO STREET ADDRESS: 8811 Hwy. A1A CITY-ST-ZIP: Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: DVST NAME: DIXON, LINDA STREET ADDRESS: 1235 WINDING OAKS CIRCLE EAST CITY-ST-ZIP: VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE: DS/T NAME: KENNETH BEAUGRAND STREET ADDRESS: 8811 Hwy. A1A CITY-ST-ZIP: Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: 4-19-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					