

Apr. 26. 2007 12:50PM List & Reamy, CPAs

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90456 044 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

40091431



<b>DOCUMENT # N07010</b>			
1. Entity Name SEA OAKS BATH AND TENNIS CLUB, INC.			
Principal Place of Business 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963		Mailing Address 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963	
2. Principal Place of Business - No P.O. Box # BB11 Highway A1A Suite, Apt. #, etc.		3. Mailing Address BB11 Highway A1A Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32963		Country USA	
4. FEI Number 34-1434047		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent DAWSON, PAMELA S 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name PAMELA S DAWSON Street Address (P.O. Box Number is Not Acceptable) BB11 Highway A1A City Vero Beach FL Zip Code 32963	
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 4-27-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, DULANEY 1235 WINDING OAKS CIR. VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Foster, Dulaney BB11 Highway A1A Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> CARLSON, JOYCE 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963 <input checked="" 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	TT 3 GILLIS, ROBERT 1235 WINDING OAKS COURT VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Gillis, Robert BB11 Highway A1A Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEHMANN, KAREN 1235 WINDING OAKS CIR VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEHMANN, KAREN BB11 Highway A1A Vero Beach, FL 32963 <input checked="" 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
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 ROBERT GILLIS 4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	