NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N10674

1. Corporation Name

SEA OATS WEST CONDOMINIUM ASSOCIATION OF PENSACO

Principal Place of Business

17281 PERDIDO KEY DRIVE PENSACOLA FL 32507

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

329 8TH STREET

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

ATLANTIC BEACH FL 32233

FILED Aug 06, 1999 8:00 am Secretary of State

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Date Incorporated or Qualifed

08/13/1985

FEI Number 59-2579954

Zip Country Country 6. Election Campaign Financing \$5.00 May Be	23	City & Stat	•	21	R. City & Clate					5 . (Certifcate	of Statu	s Desired				ee Rec	uired
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ULRICH, DAVID 329 8TH STREET ATLANTIC BEACH FL 32233 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 517.0502 and 517.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 517.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 517.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 517.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 517.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligation of, Section 517.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligation of, Section 517.0502, Proceed Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the purpose of changing its registered accept the object of the corporation submits this statement for the purpose of changing its registered accept the objectors. I hereby accept the corporation's about of directors. I hereby accept the corporation's about of directors. I hereby accept the corporation's about of directors. I hereby accept the corporation submits accept the corporation of sections in the first acc	24	•	25	29	9	30	30							* L		-		,
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329 8TH STREET ATLANTIC BEACH FL 32233 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 8000 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NWE 13. STREET ADDRESS CITY-51.79 MONTGOMERY AL 36109 14.00°-51.79 MONTGOMERY AL 36109 14.00°-51.79 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. AUTHOR OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. AUTHOR OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. AUTHOR OFFICERS AND DIRECTORS IN 12. 19. AUTHOR OFFICERS AND DIRECTORS IN 12. 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 20. AUTHOR OFFICERS AND DIRECTORS IN 12. 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 20. AUTHOR OFFICERS AND DIRECTORS IN 12. 20. AUTHOR OFFICERS AND DIRECTORS IN 12. 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 21. AUTHOR OFFICERS AND DIRECTORS IN 12. 22. AUTHOR OFFICERS AND DIRECTORS IN 12. 23. STREET ADDRESS IN 12. 24. CITY 51.2							81	Nam	e									
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TITLE			Signature, typed or printed name of re	gistered agent and ti	itle if applicable.	(NOTE: Registe	red Agen	t signatur	e required wh									
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

(904) 542-5184×40

Applied For Not Applicable

¢Q 75 Additional