

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

08-06-1999 90009 039 \*\*\*\*61.25

DOCUMENT # N10674

1. Corporation Name

SEA OATS WEST CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business  
17281 PERDIDO KEY DRIVE  
PENSACOLA FL 32507

Mailing Address  
329 8TH STREET  
ATLANTIC BEACH FL 32233



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/13/1985
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2579954
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
ULRICH, DAVID 329 8TH STREET ATLANTIC BEACH FL 32233		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 office or 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REYNOLDS, ROBERT D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4058 HICKORY DRIVE	1.2 NAME	
STREET ADDRESS	MONTGOMERY AL 36109	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD ULRICH, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	329 8TH STREET	2.2 NAME	
STREET ADDRESS	ATLANTIC BEACH FL 32233	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD KINSER, JANE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	306 PORT ROYAL WAY	3.2 NAME	
STREET ADDRESS	PENSACOLA FL 32501	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

8/3/99

(904) 542-5181 x40

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)