

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90080 021 \*\*\*\*61.25

**DOCUMENT # N15345**

1. Entity Name  
**SEA OATS OF JUNO BEACH CONDOMINIUM TWO ASSOCIATION, INC.**

Principal Place of Business: **802 SEA OATS DR. JUNO BEACH FL 33408**

Mailing Address: **BRISTOL MANAGEMENT SERVICES INC 1930 COMMERCE LANE SUITE #1 JUPITER FL 33458 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



J406J000



MOORE CR2E037 (11/03)

4. FEI Number: **59-2700896** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **INGLIS, STEVE 1930 COMMERCE LANE SUITE #1 JUPITER FL 33458**

7. Name and Address of New Registered Agent: Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

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: D NAME: MCCORMICK, SHEILA STREET ADDRESS: 504-5 SEA OATS DR CITY-ST-ZIP: JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Rozen, Mel STREET ADDRESS: 401 C' Sea Oats Drive CITY-ST-ZIP: Juno Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: RAYNE, EMMY STREET ADDRESS: 406-H SEA OATS DR CITY-ST-ZIP: JUNO BEACH FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SCHESKOSKY, NICK STREET ADDRESS: 301-C SEA OATS DR CITY-ST-ZIP: JUNO BEACH FL 33408	<input type="checkbox"/> Delete	TITLE: PD NAME: Scheskosky, Nick STREET ADDRESS: 301-C SEA OATS DR CITY-ST-ZIP: JUNO BEACH FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WALLACE, MAYNARD STREET ADDRESS: 403A SEA OATS DR CITY-ST-ZIP: JUNO BEACH FL	<input type="checkbox"/> Delete	TITLE: Do NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILLIAMS, HARVEY STREET ADDRESS: 402E SEA OATS DR CITY-ST-ZIP: JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete	TITLE: T/D NAME: Karen Lamplough STREET ADDRESS: 404C Sea Oats Drive CITY-ST-ZIP: Juno Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ELDER, DOUGLAS STREET ADDRESS: 401H SEA OATS DR CITY-ST-ZIP: JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete	TITLE: Do NAME: Arthur Williams STREET ADDRESS: 404D Sea Oats Drive CITY-ST-ZIP: Juno Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: Nick Scheskosky 2/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #