

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90032 005 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

INGLIS, STEVE
1930 COMMERCE LANE SUITE #1
JUPITER FL 33458

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROZEN, MEL	
STREET ADDRESS	401-C SEA OATS DR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAYNE, EMMY	
STREET ADDRESS	406-H SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHESKOWSKI, NICHOLAS	
STREET ADDRESS	301-C SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DO	<input type="checkbox"/> Delete
NAME	WALLACE, MAYNARD	
STREET ADDRESS	403A SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAMPLONGH, KAREN	
STREET ADDRESS	404-C SEA OATS DR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DO	<input type="checkbox"/> Delete
NAME	WILLIAMS, ARTHUR	
STREET ADDRESS	404-D SEA OATS DR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila McCormick	
STREET ADDRESS	504-5 SEA OATS DRIVE	
CITY-ST-ZIP	Juno Beach FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05