

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90233 013 \*\*\*\*61.25

**DOCUMENT # N16613**

1. Entity Name  
**SEA OAKS III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**8811 HWY A1A  
VERO BEACH, FL 32963**

Mailing Address  
**8811 HWY A1A  
VERO BEACH, FL 32963**

**00043438**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2785315**

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

**DAWSON, PAMELA  
8811 HWY A1A  
VERO BEACH, FL 32963**

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 resigning)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	USTLER, THOMAS	
STREET ADDRESS	8811 HWY A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM	
STREET ADDRESS	8811 HWY A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SYLVESTER, WILLIAM	
STREET ADDRESS	8811 HWY A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WADE	
STREET ADDRESS	8811 HWY A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS USTLER	
STREET ADDRESS	8811 HWY A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SYLVESTER, WILLIAM	<input type="checkbox"/> Change <input checked="" 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-07**

Date

Daytime Phone #