FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21270** **(6)**

1. Corporation Name

SEA OAKS UNIT I HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
180 STATE ROAD 207 ST. AUGUSTINE FL 32095-0157	180 STATE ROAD 207 ST. AUGUSTINE FL 32095-0157

3. Date Incorporated or Qualified: 06/23/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUNK, ARTHUR H., JR. 235 S. MATANZAS BLVD ST. AUGUSTINE FL 32084	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (If this Registered Agent is a natural person) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	RUNK, ARTHUR H., JR.	12 NAME		
STREET ADDRESS	235 S. MATANZAS BLVD	13 STREET ADDRESS		
CITY ST ZIP	ST. AUGUSTINE FL	14 CITY ST ZIP	32084	
TITLE	VD	21 TITLE		☐ Change ☒ Addition
NAME	RUNK, PAUL B.	22 NAME		
STREET ADDRESS	20 SEA OAKS DRIVE	23 STREET ADDRESS		
CITY ST ZIP	ST. AUGUSTINE FL	24 CITY ST ZIP	32084	
TITLE	STD	31 TITLE		☐ Change ☒ Addition
NAME	RUNL, LARAINE	32 NAME		
STREET ADDRESS	235 S. MATANZAS BLVD	33 STREET ADDRESS		
CITY ST ZIP	ST. AUGUSTINE FL	34 CITY ST ZIP	32084	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 above/below, or on an attachment with an address.

SIGNATURE: Arthur H. Runk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Apr 95
DATE

904-824-4337
Daytime Phone #

0023020