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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21270** (6)
1. Corporation Name
SEA OAKS UNIT I HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business **NEW ADDRESS** Mailing Address
BELOW
180 STATE ROAD 207
ST. AUGUSTINE FL 32086
US

3. Date Incorporated or Qualified

06/23/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business 21 1985-A MIZELL RD. Suite, Apt. #, etc. 22 ST. AUG. FL. 32084 City & State 23 Zip 24	2a. Mailing Address 26 1985-A MIZELL RD. Suite, Apt. #, etc. 27 ST. AUG. FL. 32084 City & State 28 Zip 29
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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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 **NA** ☐ Yes ☐ No

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
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 *Arthur H. Runk Jr.* **ARTHUR H. RUNK JR.** **4-20-98**
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	1.1 TITLE	
NAME	RUNK, ARTHUR H., JR.	1.2 NAME	
STREET ADDRESS	235 S. MATANZAS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	RUNK, PAUL B.	2.2 NAME	
STREET ADDRESS	344 REDWING LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	RUNK LARAIN	3.2 NAME	
STREET ADDRESS	235 S. MATANZAS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Arthur H. Runk Jr.* **4-20-98** **904-471-8272**

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