1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N21270**

1. Corporation Name

SEA OAKS UNIT I HOMEOWNERS' ASSOCIATION, INC.

								_
Principal Place of Business Mailing Address					1			
1985A MIZELL RD ST AUG FL 32084 US		1985A MIZELL RD St augustine FL 32084 US						
· ·	2. Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 06/23/1987			
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		Anr	ied For
	#, 816.	27			NOT APPLICABLE			Applicable
City & Stat	le	City & State					\$8.75 A	c'ditional
23 28		28			Certificate of Status Desired		quired	
Zip	Zip Country Zip 25 29		Country 30		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
24	9. Name and Address of Curren		30		10. Name and Address of New R	legistere 1	Agent	•
	V. Haille and Address of Culteric Register of Agent		81	Name			v	•
Runk, arthur H., Jr.			82	Street Add	iress (P.O. Box Number is Not Accepta	ible)		_
235 S. MATANZAS BLVD								
ST. AUGUSTINE FL 32084			83	1				
				City		FL	85 Zip C	ode
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthonzed by	r the corporati	poration submits this statement for the ion's board of directors. I hereby accep	t the appoin	itment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE		int signature requir	red when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIC NS/CHANGES TO OF	FICERS AN		FS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addigon
NAME	RUNK, ARTHUR H., JR.		1.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL	☐ DELETE 2.1T		ST-ZIP			☐ Change	Addition
TITLE	VD	בן טבנבוב	2.1 IIILE	-			C	
NAME	RUNK, PAUL B.			T ADDRESS				
STREET ADDRESS	344 REDWING LANE St. Augustine Fl		2.4 CITY-					
CITY-ST-ZIP	STD	☐ DELETE	3.1 TITLE	31-2ir			Change	Addition
NAME	RUNL, LARAINE		3.2 NAME					
STREET ADDRESS	1		3.3 STREE	ET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4, CfTY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	:				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

πLE

NAME

☐ DELETE

Change

☐ Addition

FILED
Apr 27, 1999 8:00 am §
Secretary of State

04-27-1999 90059 033 \*\*\*\*61.25