

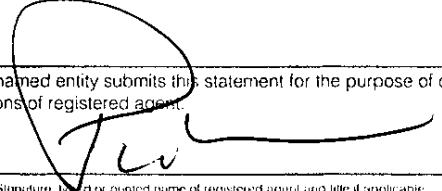
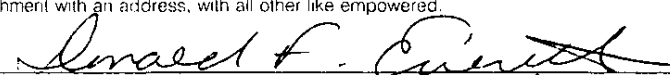


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90147 027 ****61.25

DOCUMENT # N27303 1. Entity Name SEA OAKS LAKESIDE VILLAS "A" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963				Mailing Address 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963	
2. Principal Place of Business 8811 A1A Suite, Apt. #, etc.		3. Mailing Address 8811 A1A Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State Vero Beach, FL			
Zip 32963		Zip 32963			
4. FEI Number 65-0107064				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent DAWSON, PAMELA 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963					
7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 8811 A1A City same 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  PAMELA S. DAWSON MANAGING AGENT 2/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILTON, RAYMOND 1235 WINDING OAKS CIRCLE VERO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8811 Hwy A1A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, RICHARD 1235 WINDING OAKS CIRCLE VERO BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY / TREASURER THOMAS LYNN 8811 Hwy A1A VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETT, DONALD 1235 WINDING OAKS CIR VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8811 Hwy A1A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/27/06 772-231-2154 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					