

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90035 005 \*\*\*150.00

DOCUMENT # N32922

1. Corporation Name

SEA OAKS TENNIS VILLAS V 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

2a. Mailing Address

3. Date Incorporated or Qualified

06/22/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0139165

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, STEVE  
817 BEACHLAND BLVD.  
VERO BEACH FL 32964

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 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

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  
NAME BRION, JACQUES  
STREET ADDRESS 1235 WINDING OAKS CIR  
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE STD  
NAME GOULD, JANIE  
STREET ADDRESS 1235 WINDING OAKS CIR  
CITY-ST-ZIP VERO BEACH FL

☒ DELETE

2.1 TITLE STD ☒ Change ☐ Addition

TITLE VD  
NAME TOOMEY, ROBERT  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL

☒ DELETE

3.1 TITLE VD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/99 561-231-9828

0021539

CR2E037 (11/98)