

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

Filed and fee paid 4/10/96

DOCUMENT # N45618 (8)

1. Corporation Name
SEA OAKS RESIDENTS COMMITTEE, INC.



Principal Place of Business: **P O BOX 3022 VERO BEACH FL 32963**
Mailing Address: **P O BOX 3022 VERO BEACH FL 32963**

3. Date Incorporated or Qualified: **10/14/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3091677**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29, 30
Country: 25, 29, 30

9. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM C.
1155 WINDING OAKS CIRCLE EAST
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROLAND	
STREET ADDRESS	1380 IVY COURT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM C.	
STREET ADDRESS	1155 WINDING OAK CIR EAS	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALLAHAN, BETH	
STREET ADDRESS	1608 RED BAY CIR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCARMUZZI, JOSEPH	
STREET ADDRESS	1500 FERN CT #307	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCELLA, WILLIAM	
STREET ADDRESS	8823 LAKESIDE CIR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AXTELL, SILAS	
STREET ADDRESS	1440 FERN CT #303	
CITY-ST-ZIP	VERO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAYMOND HILTON	
1.3 STREET ADDRESS	8735 LAKESIDE BLVD	
1.4 CITY-ST-ZIP	VERO BEACH, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(SAME)	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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:

William C Johnson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/96

CR2E037 (12/95)