NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MARCELLA, WILLIAM

8823 LAKESIDE CIR

1440 FERN CT #303

vero BCH Fl

AXTELL, SILAS

FILED FILE NOW: FILING FEE IS \$61.25 Jul 15 1997 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** (8)SEA OAKS RESIDENTS COMMITTEE, INC. Principal Place of Business Mailing Address P O BOX 3022 P O BOX 3022 VERO BEACH FL 32963 VERO BEACH FL 32963 3. Date Incorporated or Qualified 10/14/1991 3a. Date of Last Report 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3091677 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRANCIS JOHNSON, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 1155 WINDING OAKS CIRCLE EAST 83 VERO BEACH FL 32963 Zip Code 84 85 BEACH, Veno 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 opporation'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 agept and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13/ DELETE Addition Change TITLE 1.1 TITLE HILTON, RAYMOND NAME 1.2 NAME CR2E037 8735 LAKESIDE BLVD STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition JOHNSON, WILLIAM C. NAME 2.2 NAME 1155 WINDING OAK CIR EAS STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE D NAME HALLAHAN, BETH 3.2 NAME (SAME) 1808 RED BAY CIR STREET ADDRESS 3.3 STREET ADDRESS **VERO BCH FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SCARMUZZI, JOSEPH NAME 4. 2 NAME 1500 FERN CT #307 STREET ADDRESS 4.3 STREET ADDRESS **VERO BCH FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE **ケ**人・ □ Change M Addition TITLE 5.1 TITLE

VERO BCH FL CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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.

5.2 NAME

6.1 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

37763

Change Addition

PL

1545 SABAL

BEACH.