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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90106 030 \*\*\*\*61.25

UD4457

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N45618**

1. Corporation Name  
**SEA OAKS RESIDENTS COMMITTEE, INC.**

96772 - 90106 - 30

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



|    |                                |                     |                                   |
|----|--------------------------------|---------------------|-----------------------------------|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 22 | Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number                     |
| 23 | City & State                   | City & State        | 5. Certificate of Status Desired  |
| 24 | Zip                            | Zip                 | 6. Election Campaign Financing    |
| 25 | Country                        | Country             |                                   |

|   |  |   |             |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent           |  | 10. Name and Address of New Registered Agent          |             |
| LOVE, FRANCIS JR.<br>1545 SABAL CT<br>VERO BEACH FL 32963 |  | 81 Name   | 85 Zip Code |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) | FL          |
|   |  | 83  |             |
|   |  | 84 City   |             |

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: Francis Jr. Love DATE: 1/7/99

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|----------------------------|--------------------------|---|---------------------|
| TITLE                      | PD                       | 1.1 TITLE   |                     |
| NAME                       | HILTON, RAYMOND          | 1.2 NAME  |                     |
| STREET ADDRESS             | 8735 LAKESIDE BLVD       | 1.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | VERO BEACH FL            | 1.4 CITY-ST-ZIP                                       |                     |
| TITLE                      | D                        | 2.1 TITLE   |                     |
| NAME                       | JOHNSON, WILLIAM C.      | 2.2 NAME  |                     |
| STREET ADDRESS             | 1155 WINDING OAK CIR EAS | 2.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | VERO BEACH FL            | 2.4 CITY-ST-ZIP                                       |                     |
| TITLE                      | D                        | 3.1 TITLE   |                     |
| NAME                       | WOLFE, ALFRED            | 3.2 NAME  |                     |
| STREET ADDRESS             | 1613 BENT OAK LANE       | 3.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | VERO BCH FL 32967        | 3.4 CITY-ST-ZIP                                       | 32967               |
| TITLE                      | D                        | 4.1 TITLE   | ROBERT CORNELL      |
| NAME                       | SCARMUZZI, JOSEPH        | 4.2 NAME  |                     |
| STREET ADDRESS             | 1500 FERN CT #307        | 4.3 STREET ADDRESS                                    | 8770 W. ORCHARD CIR |
| CITY-ST-ZIP                | VERO BCH FL              | 4.4 CITY-ST-ZIP                                       | VERO BEACH FL 32967 |
| TITLE                      | D                        | 5.1 TITLE   |                     |
| NAME                       | LOVE, FRANCIS JR.        | 5.2 NAME  |                     |
| STREET ADDRESS             | 1545 SABAL CT            | 5.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | VERO BEACH FL            | 5.4 CITY-ST-ZIP                                       |                     |
| TITLE                      | D                        | 6.1 TITLE   |                     |
| NAME                       | AXTELL, SILAS            | 6.2 NAME  |                     |
| STREET ADDRESS             | 1440 FERN CT #303        | 6.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | VERO BCH FL              | 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 # \_\_\_\_\_

CR2E037 (1/98)