

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90388 014 \*\*\*\*\*61.25

0091320

**DOCUMENT # N45618**

1. Entity Name

**SEA OAKS RESIDENTS COMMITTEE, INC.**

Principal Place of Business

P O BOX 71105  
 WABASSO FL 32970

Mailing Address

P O BOX 71105  
 WABASSO FL 32970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3091677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HILTON, RAYMOND JR**  
**1235 WINDING OAKS CIRCLE**  
**VERO BEACH FL 32963-4020**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HILTON, RAYMOND	
STREET ADDRESS	8735 LAKESIDE BLVD	ok
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM C.	
STREET ADDRESS	1155 WINDING OAK CIR EAS	ok
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, ALFRED	
STREET ADDRESS	1613 BENT OAK LANE	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORNELL, ROBERT	
STREET ADDRESS	8770 W ORCHID	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOVE, FRANCIS JR.	
STREET ADDRESS	1545 SABAL CT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AXTELL, SILAS	
STREET ADDRESS	1440 FERN CT #303	ok
CITY-ST-ZIP	VERO BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hicks, James	
STREET ADDRESS	1616 Bent Oak Lane	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	May, James	
STREET ADDRESS	1435 Fern Court	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stowell, Samuel	
STREET ADDRESS	8789 E. Orchid Island Circle	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foster, Dulany	
STREET ADDRESS	8810 So. Sea Oaks Way	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eccker, John	
STREET ADDRESS	8880 Sea Oaks Way North	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilcox, John	
STREET ADDRESS	1395 Ivy Court	
CITY-ST-ZIP	Vero Beach, FL 32963	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)