

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90264 037 \*\*\*\*61.25

**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

01000004



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3091677

Applied For

Not Applicable

Zip

Country

Zip

Country

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

*RICHARD C. MARTIN*

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

*1235 WINDING OAKS CIRCLE*

*VERO BEACH, FL 32963-4020*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard C. Martin*

*3/26/04*

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HILTON, RAYMOND	
STREET ADDRESS	8735 LAKESIDE BLVD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM C.	
STREET ADDRESS	1155 WINDING OAK CIR EAS	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, JAMES	
STREET ADDRESS	166 BENT OAK LN	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, JAMES	
STREET ADDRESS	1435 FERN CT	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOWELL, SAMUEL	
STREET ADDRESS	8789 E. ORCHID ISLAND CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AXTELL, SILAS	
STREET ADDRESS	1440 FERN CT #303	
CITY-ST-ZIP	VERO BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, RICHARD	
STREET ADDRESS	1504 ORCHID DR	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLOPENNA, PHILLIP	
STREET ADDRESS	8740 LAKESIDE BLVD	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, JOYCE	
STREET ADDRESS	1509 ORCHID DR	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Richard C. Martin*

*3/26/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #