

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90095 035 \*\*\*\*61.25



**DOCUMENT # N45618**  
 1. Entity Name  
**SEA OAKS RESIDENTS COMMITTEE, INC.**

Principal Place of Business      Mailing Address  
 P O BOX 71105      P O BOX 71105  
 WABASSO FL 32970      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      Applied For  
**59-3091677**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E037 (10/04)

**6. Name and Address of Current Registered Agent**  
**MARTIN, RICHARD C**  
**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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Richard C Martin*      DATE: **4/11/05**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**      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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, RICHARD</b>	
STREET ADDRESS	<b>1504 ORCHID DR</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ALLOPENNA, PHILLIP</b>	
STREET ADDRESS	<b>8740 LAKESIDE BLVD</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARLSON, JOYCE</b>	
STREET ADDRESS	<b>1509 ORCHID DR</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Warburton, George</b>	
STREET ADDRESS	<b>1375 Ivy Court #202</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
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*      DATE: **4/11/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #