2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am

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DOCUMENT # N45618 1. Enlity Name SEA OAKS RESIDENTS COMMITTEE, INC.							0050 019 ****61	
Principal Place of Business 1375 IW CT SUITE 202 VERO BEACH, FL 32963		Mailing Address 1375 IVY CT SUITE 202 VERO BEACH, FL 32963						
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007 C	hg-NP	CR2E037 (12/06))	
City & State		City & State			4. FEI Number 59-309167	77		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S		S8.75 A	
ļ	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Add	Iress of New R	egistered Agent	
WARBUR 1375 IVY SUITE 20 VERO BE	Street	et Address (P.O. Box Number is Not Acceptable)						
	· :		City				FL Zip Co	ode
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 Signature by the discretized agent and the if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
Filing Feé is \$61.25 Due by May 1, 2007 10. OFFICERS/AND DIRECTORS 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
	,	·	11.	ोर वा	DDITIONS/CHANG	ES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARBURTON, GEORGE B 1375 IVY CT SUITE 202 VERO BEACH, FL 32963	⊠ Delete	NAME STREET ADDRESS CITY-ST-ZIP		ALD EVE 5-LAKESID 0 Beach,			Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, WILLIAM 8830 SEA OAKS WAY SOUTH SU VERO BEACH, FL 32963	DITE 307	TITLE MAME STREET ADDRESS CITY-ST-ZIP	1375	Try CT	ARburTo Suit	□ Change へ e ユロス	⊠KAddilion
TITLE NAME STREET ADDRESS CITY- ST-ZIP	VPS JANDORE, GARY 8733 SABLE OAKCT VERO BEACH, FL 32963	Ø Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.5			□ Change y #/00 32962	Addition
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CITY - ST - ZIP	<u> </u>		CITY-ST-ZDP	1			7	ا م

12. I hereby certify that the information supplied with this titing does not qualify for the exemptions contained in Chapter 119, 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 of 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 and address, with all other like empowered.

SIGNATURE:

SIGNATURE: _