
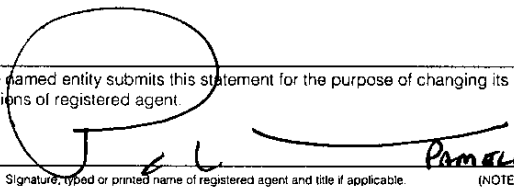
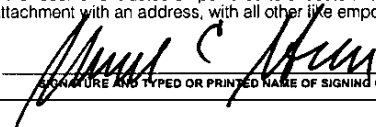


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90147 038 ****61.25

DOCUMENT # N94000005726 1. Entity Name SEA OAKS LAKEVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1235 WINDING OAKS CIR. VERO BEACH, FL 32963			Mailing Address 1235 WINDING OAKS CIR. VERO BEACH, FL 32963		
2. Principal Place of Business 8811 A1A Suite, Apt. #, etc.		3. Mailing Address 8811 A1A Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 65-0607994	
Zip 32963		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWSON, PAMELA S 1235 WINDING OAKS CR. VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 8811 A1A City Same 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  PAMELA DAWSON, MANAGING AGENT 4/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOWELL, SAM 1235 WINDING OAKS CIR. VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8811 Hwy A1A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEBEL, GEORGE 1235 WINDING OAKS CR VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. / VP 8811 Hwy A1A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, CHARLES 1235 WINDING OAKS CR VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MERRILL GAASSO 8811 Hwy A1A VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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 title empowered.					
SIGNATURE:  4/12/06 772-231-2154 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40068101



04112006 Chg-NP CR2E037 (11/05)