

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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APR 21, 2008 08:00 AM
BY: **Secretary of State**

DOCUMENT # N94000005726

1. Entity Name
SEA OAKS LAKEVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
8811 A1A 8811 A1A
VERO BEACH FL 32963 VERO BEACH FL 32963



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number **65-0607994** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAWSON, PAMELA S
8811 A1A
VERO BEACH FL 32963

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 **PAMELA DAWSON** *Managing Agent* **3/10/08**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOWELL, SAM 8811 HWY A1A VERO BEACH FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000911396 05/07/08-80038-012 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEBEL, GEORGE 8811 HWY A1A VERO BEACH FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRASSO, JOHN 8811 HWY A1A VERO BEACH FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.
SIGNATURE: *Samuel C. Stowell* **SAMUEL C. STOWELL** **3/13/08** **772-231-2154**