

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001766 (3)
1. Corporation Name

SEA OAKS RIVER VILLAS CONDOMINIUM ASSOCIATION, I
NC.



Principal Place of Business Mailing Address
1235 WINDING OAKS CIR 1235 WINDING OAKS CIR
VERO BEACH FL 32963 VERO BEACH FL 32963

3. Date Incorporated or Qualified 04/13/1995 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HENDERSON, STEVE L
817 BEACHLAND BLVD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP BRION, JACQUES [] DELETE

NAME BRION, JACQUES

STREET ADDRESS 1235 WINDING OAKS CIR

CITY - ST - ZIP VERO BEACH FL 32963

TITLE DV [] DELETE

NAME TOOMEY, ROBERT

STREET ADDRESS 1235 WINDING OAKS CIR

CITY - ST - ZIP VERO BEACH FL 32963

TITLE DVS [] DELETE

NAME O'KEEFE, SUSAN

STREET ADDRESS 1235 WINDING OAKS CIR

CITY - ST - ZIP VERO BEACH FL 32963

TITLE [] DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP [] Change [] Addition

2.1 TITLE

2.2 NAME GOODE, MIMI

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP [] Change [] Addition

3.1 TITLE

3.2 NAME TOOMEY, ROBERT

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP [] Change [] Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP [] Change [] Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP [] Change [] Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES BRION

Date

Daytime Phone #

0000195

CR2E037 (3/96)