FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N95000001766 (3)

SEA OAKS RIVER VILLAS CONDOMINIUM ASSOCIATION, I

FILED Aug 12 1997 8:00am Secretary of State

NC.													
Principal Place of Business Mailing Address												1 6 1110 1 111 1881	
1235 WINDING OAKS CIR 1235 WINDING OAKS CIR VERO BEACH FL 32963 VERO BEACH FL 32963-40													
									3. Date Incorporated or Qualified 04/13/1995	3a. [Date of Last I 08/12/19		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number APPLIED FOR 65-4	0/001		Applied For	7
Sulte, Apt. #, etc.				Suite, Apt. #, etc.								Not Applicable Additional	e
22				27					5. Certificate of Status Desired			Rodillonal	
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be	7
23 Zin	Zip Country			Zip Country					Trust Fund Contribution			l to Fees	4
24	25			29 30			f		This corporation has liability for Florida Statutes	intangibi Yes		s. 199.032,	1
	and Address of Curre		tered Agent		ī			10. Name and Address of New R				-	
							Name		, , , , , , , , , , , , , , , , , , ,				7
HENDERSON, STEVE L 817 BEACHLAND BLVD						82	Street	Address (P.O. Box Number is Not Acceptable)					\dashv
						_							
VERO B	EACH FL 32	2963				83							
						84	City			Fi	85 Zip	Code	٦
11. Pursuant	to the provision	onseof Sections 617.05	02 and 6	17.1508, Florida	Statutes, the	abov	e-named	corpoi	ration submits this statement for the		of changing	its registered	<u>-</u>
agent. I a	registered age am f <mark>ami</mark> liar wit	ant, or both, in the State h, and accept the oblig	o of Florid pations of	da. Such change f, Section 617.05	e was authori 603, Florida S	zed by tatute:	/ the cor s.	poratio	ration submits this statement for the n's board of directors. I hereby acce	pt the ap	pointment as	s registered	
SIGNATURE		•											
12.	Signature, typed o	or plinled name of registered ag OFFICERS AN			(NOTE: Regist		ent signature	e required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	D DIDEOTO	DO IN 40	۔ ا
TITLE	DP	OI TIOENS AIN	DITE	DELE		TITLE		T	ADDITIONS/CHANGES TO OFFI	CEHS AIN	Change		귀
NAME		ACQUES				NAME		İ			Onlingo	Addition	
STREET ADDRESS							ADDRESS						8
CITY-ST-ZIP		ACH FL 32963				CITY-S		1					١٤
TITLE	DV			☐ DELE		TITLE	.,				Change	Addition	ત્ત∖
NAME	GOODE,	MIMI			2.2	NAME						-	İ
STREET ADDRESS	1235 WIN	NDING OAKS CIR			2.5	STREET	ADDRESS						
CITY-61-24P	VERO BEACH FL						ST-ZIP						
TITLE	-DV6-			☐ DELE	TE 3.1	TITLE		DI	9/T		Change	Addition	ī
NAME		, ROBERT				NAME							
STREET ADDRESS	1	NDING OAKS CIR					ADDRESS						
CITY-ST-ZIP TITLE	VERO BE	ACH FL		DELE		CITY-	ST-ZIP				— <u> </u>	T (4.100	4
NAME	ł					TITLE					L.] Change	Addition	'
						2 NAME							
STREET ADDRESS City-St-Zip						CITY-S	ADORESS						
TITLE				☐ DELE		TITLE	1-ZIP	 			Change	Addition	\dashv
NAME						NAME					Vilange ر_	Rounton	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	1					CITY-S		İ					
TITLE			- 161	☐ DELET		TITLE		<u> </u>			☐ Change	Addition	4
NAME	1				6.2	NAME							
STREET ADDRESS					6.3	STREET	address						
CITY-ST-ZIP					6.4	CITY-S	T-ZIP	<u> </u>					

I do 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 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.