

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001766

1. Entity Name

SEA OAKS RIVER VILLAS CONDOMINIUM ASSOCIATION, I

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0607996

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
1235 WINDING OAKS CIRCLE
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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PR	<input type="checkbox"/> Delete
NAME	HICKEY, TOM	
STREET ADDRESS	1235 WINDING OAKS CIR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SR	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, AUDREY	
STREET ADDRESS	1235 WINDING OAKS CIR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLIS, ROBERT	
STREET ADDRESS	1235 WINDING OAKS CIR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	President	<input type="checkbox"/> Delete
NAME	Cox, Charles R.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hickey, Tom	
STREET ADDRESS	1235 Winding Oaks Circle	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANKINS, JOHN	
STREET ADDRESS	1235 Winding Oaks Circle	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gillis, Robert	
STREET ADDRESS	1235 Winding Oaks Circle	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cox, Charles R.	
STREET ADDRESS	1235 Winding Oaks Circle	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEARD, RANDOLPH	
STREET ADDRESS	1235 Winding Oaks Circle	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Charles R. Cox Charles R. Cox

3-29-01

561-231-2154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0031435

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90080 048 ****61.25