
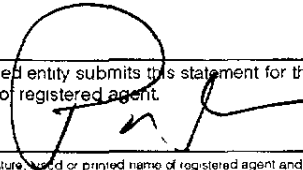
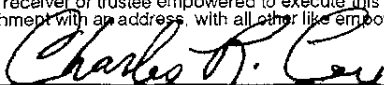


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001766 1. Entity Name SEA OAKS RIVER VILLAS CONDOMINIUM 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0607996	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAWSON, PAMELA S 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963				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		 Signature of registered agent and title if applicable.		PAMELA DAWSON (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	VP OGDEN, LARRY 1235 WINDING OAKS CIR VERO BEACH FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP OGDEN, LARRY 1235 WINDING OAKS CIR VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GILLIS, ROBERT 1235 WINDING OAKS CIR VERO BEACH FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GILLIS, ROBERT 1235 WINDING OAKS CIR VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HANKINS, JOHN 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HANKINS, JOHN 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD COX, CHARLES R 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD COX, CHARLES R 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BEARD, RANDOLPH 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BEARD, RANDOLPH 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE 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: 

3/30/05