


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90147 037 ****61.25

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
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2. Principal Place of Business 8811 HIGHWAY A1A	3. Mailing Address 8811 HIGHWAY A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

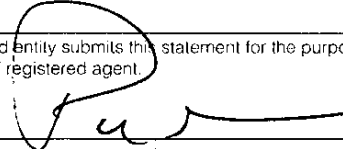
City & State SAME	City & State SAME
Zip SAME	Country SAME

4. FEI Number 65-0607996	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 SAME Street Address (P.O. Box Number is Not Acceptable) 8811 HIGHWAY A1A City SAME FL Zip Code
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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 3/31/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing this statement)</small> DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OGDEN, LARRY 1235 WINDING OAKS CIR VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete
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	VP HANKINS, JOHN 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete
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	S BEARD, RANDOLPH 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARL DESANTIS 8811 HIGHWAY A1A VERO BEACH, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAWSON, PAMELA S SAME 8811 HIGHWAY A1A VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EUGENE ENGEMAN 8811 HIGHWAY A1A VERO BEACH, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COX, CHARLES R SAME 8811 HIGHWAY A1A VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEARD, RANDOLPH SAME 8811 HIGHWAY A1A VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.
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SIGNATURE:  Charles R. Cox 3/31/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/31/06	Daytime Phone #
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