

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

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

04-28-2006 90147 036 \*\*\*\*61.25

DOCUMENT # N95000003808

1. Entity Name

SEA OAKS TENNIS VILLAS "B" CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963

Mailing Address

1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963



2. Principal Place of Business

8811 A1A

3. Mailing Address

8811 A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0607997

Applied For

Not Applicable

Zip

Country

32963

Zip

Country

32963

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAWSON, PAMELA S  
1235 WINDING OAK  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Jane

Street Address (P.O. Box Number is Not Acceptable)

8811 A1A

City

Jane

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

Pamela Dawson - Managing Agent

2/20/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD  
NAME: GREEN, RALPH ☐ Delete  
STREET ADDRESS: 1235 WINDING OAK CIRCLE  
CITY-ST-ZIP: VERO BEACH FL 32963

TITLE: PD  
NAME: FITTIN, SANDRA ☐ Delete  
STREET ADDRESS: 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP: VERO BEACH FL 32963

TITLE: STD  
NAME: SWENSON, DOROTHY ☐ Delete  
STREET ADDRESS: 1235 WINDING OAKS CIRCLE  
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:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 8811 A1A  
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 8811 A1A  
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition  
NAME:  
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STREET ADDRESS:  
CITY-ST-ZIP:

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NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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.

SIGNATURE: Dorothy J Swenson 2/20/06 772-231-2154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #