

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90037 030 \*\*\*\*61.25

<b>DOCUMENT # N96000000970</b>					
<b>1. Entity Name</b> <b>BEACH VILLAS AT SEA OAKS CONDOMINIUM ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> <b>8811 HWY A1A</b> <b>VERO BEACH FL 32963</b>			<b>Mailing Address</b> <b>8811 HWY A1A</b> <b>VERO BEACH FL 32963</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-3452483</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DAWSON, PAMELA S</b> <b>8811 HWY A1A</b> <b>VERO BEACH FL 32963</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE</b>    <small>Signature, type or print name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Managing Agent</b>  <small>(NOTE: Registered Agent must be a natural person residing in the State of Florida.)</small> </div> <div style="width: 30%; text-align: right;"> <b>3/11/08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DIRECTOR</b> <b>KRAUSE, JOHN</b> <b>8811 HWY A1A</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DIRECTOR</b> <b>FOSTER, DULANY</b> <b>8811 HWY A1A</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <b>MILLSTEIN, ALAN</b> <b>8811 HWY A1A1</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VPD</b> <b>NONIS, JIM</b> <b>8811 HWY A1A</b> <b>VERO BEACH FL 32963</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> <b>TAYLOR, FRANK</b> <b>8811 HWY A1A</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PIT</b> <b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>SD</b> <b>STOCK, ALVIN</b> <b>8811 HWY A1A</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <b>3/11/08</b>					