## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # N96000001735 04-09-2007 90045 016 \*\*\*\*61.25 SEA OATS BY THE BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7470 CRYSTAL BCH RD. 7470 CRYSTAL BCH RD. RAPID CITY, MI 49676 RAPID CITY, MI 49676 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1501 Shadow Lake Road Suite, Apt. #, etc Suite, Apt. #, etc. 03152007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Numbe 65-1042289 Not Applicable raftsburu Common Country Zin Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sue Kekel **BIEHL, JERRY A** Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH BEACH ROAD C-206 ENGLEWOOD, FL 34223 Charlotte 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 the obligations of registered agent. SIGNATURE \_ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE Delete ☐ Change Addition WRIGHT, BOBBIE NAME NAME James Sedore 1501 Shadow Lake Rd STREET ADDRESS 5140 JONES LANDING STREET ADDRESS CITY-ST-ZIP PETOSKEY, MI 49770 CITY-ST-ZIP Craftsbury Cm. VT 05827 VD TITLE ☐ Defete TITLE SACKRIDER, BENNIE NAME NAME sue KeKel 5133 INDIAN GARDEN 2611 Myakka Marsh Lane Port Charlotte FL 3: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PETOSKEY, MI 49770 CITY-ST-ZIP TITLE n Detete IIILE Addition DEGRAAF, MARJORIE NAME NAME STREET ADDRESS 2950 N BEACH ROAD, UNIT# A-215 STREET ADDRESS ENGLEWOOD, FL 34223 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier that I am an officer or director of the corporation or the receiver of 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 charged, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

JAMES P. SEDORE