

2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 013 ****61.25

DOCUMENT # N96000001735					
1. Entity Name SEA OATS BY THE BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1501 SHADOW LAKE RD CRAFTSBURY COMMON, VT 05827			Mailing Address 7470 CRYSTAL BCH RD. RAPID CITY, MI 49676		
changed					
2. Principal Place of Business - No P.O. Box # 1501 Shadow Lake Road		3. Mailing Address 1501 Shadow Lake Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Craftsbury Common VT		City & State Craftsbury Common VT			
Zip 05827		Country USA		Zip 05827	
Country USA		Country USA			
6. Name and Address of Current Registered Agent KEKEL, SUE 2611 MYAKLA MARSH LANE PORT CHARLOTTE, FL 33953			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <u>Sue Kekel</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME WRIGHT, BOBBIE	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 5140 JONES LANDING	CITY-ST-ZIP PETOSKEY, MI 49770		NAME	☐ Change ☐ Addition	
TITLE VD	NAME SACKRIDER, BENNIE BEN	☒ Delete	TITLE VD	☐ Change ☒ Addition	
STREET ADDRESS 5133 INDIAN GARDEN	CITY-ST-ZIP PETOSKEY, MI 49770		NAME Mike Kekel	☐ Change ☐ Addition	
STREET ADDRESS 5133 INDIAN GARDEN	CITY-ST-ZIP PETOSKEY, MI 49770		STREET ADDRESS 2611 Myakka Marsh Lane	☐ Change ☐ Addition	
CITY-ST-ZIP PETOSKEY, MI 49770	CITY-ST-ZIP PETOSKEY, MI 49770		CITY-ST-ZIP Port Charlotte FL 33953	☐ Change ☐ Addition	
TITLE T	NAME SEDORE, JAMES	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 1501 SHADOW LAKE RD	CITY-ST-ZIP CRAFTSBURY COMMON, VT 05827		NAME	☐ Change ☐ Addition	
STREET ADDRESS 1501 SHADOW LAKE RD	CITY-ST-ZIP CRAFTSBURY COMMON, VT 05827		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP CRAFTSBURY COMMON, VT 05827	CITY-ST-ZIP CRAFTSBURY COMMON, VT 05827		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE S	NAME KEKEL, SUE	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 2611 MYAKKA MARSH LN	CITY-ST-ZIP PORT CHARLOTTE, FL 33953		NAME	☐ Change ☐ Addition	
STREET ADDRESS 2611 MYAKKA MARSH LN	CITY-ST-ZIP PORT CHARLOTTE, FL 33953		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP PORT CHARLOTTE, FL 33953	CITY-ST-ZIP PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 James Sedore 4-14-08