

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90080 029 ****61.25

DOCUMENT # N990000001949

1. Entity Name

SEA OAKS H.O.A., INC.



Principal Place of Business

9239 SEA OAKS CT
SEMINOLE FL 33776

Mailing Address

9239 SEA OAKS CT
SEMINOLE FL 33776

2. Principal Place of Business

14303 92 TERR N

Suite, Apt. #, etc.

3. Mailing Address

14303 92 TERR N

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

SEMINOLE FL

Zip

33776

Country

Zip

33776

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFEVER, LINDA
9239 SEA OAKS CT
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name

WHITE, MARK

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

14303 92 TERR. N

City

SEMINOLE

FL

Zip Code

33776

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]

MARK WHITE STD

2-16-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 VPD
NAME RIFENBURG, JOE
STREET ADDRESS 9221 SEA OAKS CT
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE PD
NAME MCGAVREN, BILL
STREET ADDRESS 9257 SEA OAKS COURT
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE STD
NAME LEFEVER, LINDA
STREET ADDRESS 9239 SEA OAKS COURT
CITY-ST-ZIP SEMINOLE FL 33776 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE STD
NAME WHITE, MARK
STREET ADDRESS 14303 92 TERR N
CITY-ST-ZIP SEMINOLE, FL 33776 ☒ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

MARK WHITE STD

2-16-05

727-458-7951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #