

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N99000001949

1. Entity Name

SEA OAKS H.O.A., INC.



02-27-2007 90010 044 \*\*\*\*61.25

Principal Place of Business

14303 92 TER N  
SEMINOLE FL 33776

Mailing Address

14303 92 TER N  
SEMINOLE FL 33776

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

WHITE, MARK  
14303 92 TERR N  
SEMINOLE FL 33776

Name

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

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

Signature, typed or printed name of registered agent and title \* applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE VPD ☐ Delete  
NAME MCARTHUR, MIKW  
STREET ADDRESS 9220 SEA OKAS CT  
CITY ST-ZIP SEMINOLE FL 33776

TITLE STD ☐ Delete  
NAME WHITE, MARK  
STREET ADDRESS 14303 92 TERR N  
CITY ST-ZIP SEMINOLE FL 33776

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  
CITY ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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: Mark White SECRETRE MARK WHITE 2-20-07 727-458-7951