

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001949

Entity Name: SEA OAKS H.O.A., INC.

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

14303 92 TER N
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

14303 92 TER N
SEMINOLE, FL 33776

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, MARK
14303 92 TERR N
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCARTHUR, MIKE
Address: 9220 SEHOAKS CT
City-St-Zip: SEMINOLE, FL 33776

Title: VPD () Delete
Name: MCARTHUR, MIKW
Address: 9220 SEA OKAS CT
City-St-Zip: SEMINOLE, FL 33776

Title: STD () Delete
Name: WHITE, MARK
Address: 14303 92 TERR N
City-St-Zip: SEMINOLE, FL 33776

Title: VPD (X) Delete
Name: OMASTA, AMY
Address: 14315 92ND TERR N
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCARTHUR, MIKE
Address: 9220 SEA OAKS CT
City-St-Zip: SEMINOLE, FL 33776

Title: VPD (X) Change () Addition
Name: OMASTA, AMY
Address: 14315 92ND TERR N
City-St-Zip: SEMINOLE, FL 33776

Title: STD (X) Change () Addition
Name: WHITE, MARK
Address: 14303 92ND TERR N
City-St-Zip: SEMINOLE, FL 33776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WHITE

STD

01/27/2009

Electronic Signature of Signing Officer or Director

Date