

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-16-2003 90173 044 ****61.25

DOCUMENT # N99000001949

1. Entity Name

SEA OAKS H.O.A., INC.



Principal Place of Business

9226 143RD LANE NORTH
SEMINOLE FL 33776

Mailing Address

9226 143RD LANE NORTH
SEMINOLE FL 33776

55038450



2. Principal Place of Business

9239 SEA OAKS COURT

3. Mailing Address

9239 SEA OAKS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number 59-3689131

Applied For

☒ Not Applicable

Zip

33776

Country

USA

Zip

33776

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLETON, LYNNE

9226 143RD LANE NORTH
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name LINDA LEFEVER DIRECTOR

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

9239 SEA OAKS COURT

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

LINDA LEFEVER SECRETARY/TREASURER *Linda LeFever* 5/1/03

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

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
NAME CARLETON, LYNNE
STREET ADDRESS 9226 143RD LANE NORTH
CITY-ST-ZIP SEMINOLE FL 33776 ☒ Delete

TITLE VD
NAME MELLA, MEL
STREET ADDRESS 14375 92ND TERRACE NORTH
CITY-ST-ZIP SEMINOLE FL 33776 ☒ Delete

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

TITLE TD
NAME LEFEVER, LINDA
STREET ADDRESS 9239 SEA OAKS COURT
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete DIRECTOR

TITLE SD
NAME KLOSE, SHARON
STREET ADDRESS 9237 143RD LANE NORTH
CITY-ST-ZIP SEMINOLE FL 33776 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT
NAME JOE RIFENBURG
STREET ADDRESS 9221 SEA OAKS COURT
CITY-ST-ZIP SEMINOLE, FL 33776 ☐ Change ☒ Addition DIRECTOR

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

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

TITLE SECRETARY/TREASURER
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:

Linda LeFever
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

727-595-5510

Daytime Phone #

CR2037 (10/02)