2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # N99000006518 04-27-2007 90233 019 ****61.25 SEA OAKS TENNIS BUNGALOWS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 60043432 8811 A1A 8811 A1A VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-1003866 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAWSON, PAMELA 1235 WINDING OAKS CIRCLE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32963 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. (NOTE: Registered Agent signature requires when reinstating) Signature, typed or ed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE Change Delete IRA 5/MON BONNET, ERIC NAME NAME 1235 WINDING OAKS CIRCLE STREET ADDRESS 8811 Hwy. AIA STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP Vero Beach, Delete TITLE TITLE Addition ☐ Change KEN Beaugrand 8811 Hung. AIA Vero Beach, FL NAME WEISS, DALE NAME 1235 WINDING OAKS CIR STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** JANDORG, GARY NAME NAME STREET ADDRESS 1235 WINDING OAKS CIRCLE STREET ADDRESS 8811 Hwy. AIA VERO BEACH, FL 32963 CHY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Davime Phone #