# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00393

# Entity Name: SEA OAKS PROPERTY OWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

8811 A1A VERO BEACH, FL 32963

#### **Current Mailing Address:**

8811 A1A VERO BEACH, FL 32963

# FEI Number: 59-2408927

# Name and Address of Current Registered Agent:

DAWSON, PAMELA SGM 8811 HIGHWAY A1A VERO BEACH, FL 32963 US Certificate of Status Desired: No

FILED Feb 21, 2017

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

# **Officer/Director Detail :**

Oncer/Director Detail.				
	Title	PRESIDENT	Title	D
	Name	LYNN, TOM	Name	CRAMPTON, SUSAN
	Address	8811 A1A	Address	8811 A1A
	City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	VERO BEACH FL 32963
	Title	VP/ DIRECTOR	Title	DIRECTOR
	Name	MILLSTEIN, ALAN	Name	BAMFORD, GIL
	Address	8811 A1A	Address	8811 HIGHWAY A1A
	City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	VERO BEACH FL 32963
	Title	DIRECTOR	Title	DIRECTOR
	Title Name	DIRECTOR CARBERRY, JOHN	Title Name	DIRECTOR CATULLO, RICHARD
	Name	CARBERRY, JOHN 8811 A1A	Name Address	CATULLO, RICHARD
	Name Address	CARBERRY, JOHN 8811 A1A	Name Address	CATULLO, RICHARD 8811 A1A
	Name Address City-State-Zip:	CARBERRY, JOHN 8811 A1A VERO BEACH FL 32963	Name Address City-State-Zip:	CATULLO, RICHARD 8811 A1A VERO BEACH FL 32963
	Name Address City-State-Zip: Title	CARBERRY, JOHN 8811 A1A VERO BEACH FL 32963 SECRETARY	Name Address City-State-Zip: Title	CATULLO, RICHARD 8811 A1A VERO BEACH FL 32963 TREASURER
	Name Address City-State-Zip: Title Name Address	CARBERRY, JOHN 8811 A1A VERO BEACH FL 32963 SECRETARY WAYNE, CONNIE	Name Address City-State-Zip: Title Name	CATULLO, RICHARD 8811 A1A VERO BEACH FL 32963 TREASURER WORMSER, BRIAN 8811 HIGHWAY AIA

I hereby 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 all other like empowered.

SIGNATURE: TOM LYNN

PRESIDENT

02/21/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date