FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:36

DOCUMENT # 747757 (3)

1. Corporation Name
SEA CABINS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5160 HWY 98 EAST DESTIN FL 32541	5160 HWY 98 EAST DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1955601 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1030 Old Hwy 98	26 1030 Old Hwy 98
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Destin, FL	City & State 28 Destin, FL
Zip 24 32541 Country 25 Walton	Zip 29 32541 Country 30 Walton

9. Name and Address of Current Registered Agent

OCEAN REEF REALTY, INC.
5160 HWY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	GAFFNEY, GERALD	1.2 NAME	Antoon, Louis	
STREET ADDRESS	RT 1 BOX 193	1.3 STREET ADDRESS	1030 old hwy 98 #6A	
CITY-ST-ZIP	MAKANDA IL	1.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	RUSSOMANNO, JOHN	2.2 NAME		
STREET ADDRESS	2952 HOLLOW MILL LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	BUFORD GA	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	HANSA, DWAYNE	3.2 NAME	Labyk, Chris	
STREET ADDRESS	3315 N. HILLS ST 1306	3.3 STREET ADDRESS	Rt7Box 181F	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Carbondale, IL 62901	
TITLE	D	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	SACCO, TONI	4.2 NAME	Cassidy, Donna N/A	
STREET ADDRESS	4725 HWY 98 E 2C	4.3 STREET ADDRESS	P.O. Box 71054	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	Marietta, GA 30007	
TITLE	D	5.1 TITLE	President	☒ Change ☐ Addition
NAME	ANDERSON, SEVERIN	5.2 NAME		
STREET ADDRESS	117 DURHAM RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/26/95 904-837-3935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071837