

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747757 (3)

1. Corporation Name

SEA CABINS OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1030 OLD HWY 98
DESTIN FL 32541
US

1030 OLD HWY 98
DESTIN FL 32541
US

3. Date Incorporated or Qualified

06/21/1979

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
ST
ANTOON, LOUIS
STREET ADDRESS
1030 OLD HWY 98 #6A
CITY - ST - ZIP
DESTIN FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

vp/d

☒ Change ☐ Addition

TITLE
NAME
VP
RUSSOMANNO, JOHN
STREET ADDRESS
2952 HOLLOW MILL LN
CITY - ST - ZIP
BUFORD GA

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

P/d

☒ Change ☐ Addition

TITLE
NAME
D
LABYK, CHRIS
STREET ADDRESS
RT 7 BOX 181F
CITY - ST - ZIP
CARBONDALE IL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

s/d

☒ Change ☐ Addition

TITLE
NAME
D
CASSIDY, DONNA
STREET ADDRESS
P O BOX 71054 N/A
CITY - ST - ZIP
MARIETTA GA

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

T/O 400001742324
-03/13/96--01121--030
***61.25

☒ Change ☐ Addition

TITLE
NAME
P
ANDERSON, SEVERIN
STREET ADDRESS
117 DURHAM RD
CITY - ST - ZIP
KNOXVILLE TN

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D
Russomanno, Jan
2952 Hollow Mill Ln.
Buford, GA 30518

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

M. Taylor, Timothy
10221 Hwy 98 West
Destin, FL 32541

☐ Change ☒ Addition

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)(k), 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

LOUIS A. ANTOON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96
Date

(904) 654-2672
Daytime Phone #

CR2E037 (12/95)