

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32541-4034
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1979	3a. Date of Last Report 03/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1955601	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Ocean Reef Realty Inc
82	Street Address (P.O. Box Number is Not Acceptable) 10221 Hwy 98 West
83	
84	City Destin
85	Zip Code FL 32541

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	VP/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOON, LOUIS	1.2 NAME	
STREET ADDRESS	1030 OLD HWY 98 #6A	1.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	1.4 CITY - ST - ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABYK, CHRIS	3.2 NAME	
STREET ADDRESS	RT 7 BOX 181F	3.3 STREET ADDRESS	
CITY - ST - ZIP	CARBONDALE IL	3.4 CITY - ST - ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, DONNA	4.2 NAME	
STREET ADDRESS	P O BOX 71054 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSOMANNO, JAN	5.2 NAME	
STREET ADDRESS	2952 HOLLOW MILL LN.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BUFORD GA 30518	5.4 CITY - ST - ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TIMOTHY	6.2 NAME	
STREET ADDRESS	10221 HWY. 98 WEST	6.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	6.4 CITY - ST - ZIP	

14. I do 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 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 Antoon** **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97
Date

(904) 654-2672
Daytime Phone # **0073704**

CR2E037 (9/96)