

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

02-27-2001 90351 039 ****61.25

DOCUMENT # 747757

1. Entity Name

SEA CABINS OWNERS' ASSOCIATION, INC.

Principal Place of Business

1030 OLD HWY 98
 DESTIN FL 32541
 US

Mailing Address

1030 OLD HWY 98
 DESTIN FL 32541
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
 32550

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
 32550

4. FEI Number
 59-1955601

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCEAN REEF REALTY, INC.
 10221 HWY 98 WEST
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETTS, DAVE 1030 OLD HWY 98 #58 DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RUSSOMANNO, JOHN 2952 HOLLOW MILL LN BUFORD GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LABYK, CHRIS RT 7 BOX 181F CARBONDALE IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSIDY, DONNA P O BOX 71054 N/A MARIETTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAINTON, BARRY 425 MORGAN FALL CHASE CANTON GA 30114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TAYLOR, TIMOTHY 10221 HWY. 98 WEST DESTIN FL 32541	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paldino, Nick 2432 Edgewater Drive Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wastler, Ken 6284 Wheat Miller Court Mt. Airy, MD 21771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Labyk, Chris 174 Rolling Acres Dr. Murphysboro, IL 62966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Cassidy, Donna 3707 Loveland Terrace Chamblee, GA 30341	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Bainton, Barry 425 Morgan Fall Chase Canton, GA 30114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10221 Hwy 98 West #2 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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.

SIGNATURE: SIGNATURE REQUIRED Donna Cassity

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 (770)458-0436

Date

(404) 347-3771

CR2037 (10/00)