

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90402 026 ****61.25

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DOCUMENT # 747757 1. Entity Name SEA CABINS OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1030 SCENIC GULF DR. DESTIN, FL 32550 US			Mailing Address C/O WILLA MERRIOTT REALTY, INC. PO BOX 663 DESTIN, FL 32540 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1955601	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLA MERRIOTT REALTY, INC. 1021 HWY 98 EAST GULFVIEW PLAZA #A DESTIN, FL 32541			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASTLER, KEN		NAME		
STREET ADDRESS	6284 WHEAT MILLER COURT		STREET ADDRESS		
CITY-ST-ZIP	MOUNT AIRY, MD 21771		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABYK, CHRIS		NAME		
STREET ADDRESS	174 ROLLING ACRES DR		STREET ADDRESS		
CITY-ST-ZIP	MURPHYSBORO, IL 62966		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSITY, DONNA		NAME		
STREET ADDRESS	3707 LOVELAND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CHAMBLEE, GA 30341		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAINTON, BARRY		NAME		
STREET ADDRESS	425 MORGAN FALL CHASE		STREET ADDRESS		
CITY-ST-ZIP	CANTON, GA 30114		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, TERRY		NAME	Cook, Terry	
STREET ADDRESS	4200 ILBERRY		STREET ADDRESS	4200 ILBERRY	
CITY-ST-ZIP	MOUNT VERNON, IL 62864		CITY-ST-ZIP	MOUNT VERNON, IL 62864	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Dahle Roger	
STREET ADDRESS			STREET ADDRESS	11659 Symmes Creek Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Loveland Oh 45140	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 owner 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:			Barry Bainton, Pres.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		