


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90061 036 \*\*\*\*61.25

<b>DOCUMENT # 747757</b>	
<b>1. Entity Name</b> SEA CABINS OWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1030 SCENIC GULF DR. DESTIN, FL 32550 US	<b>Mailing Address</b> C/O WILLA MERRIOTT REALTY, INC. PO BOX 663 DESTIN, FL 32540 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**60011889**



01052006 Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 59-1955601	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WILLA MERRIOTT REALTY, INC. 1021 HWY 98 EAST <del>GULFVIEW PLAZA #A</del> DESTIN, FL 32541	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$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	
<b>TITLE</b> TD <input type="checkbox"/> Delete	<b>NAME</b> WASTLER, KEN <b>STREET ADDRESS</b> 6284 WHEAT MILLER COURT <b>CITY-ST-ZIP</b> MOUNT AIRY, MD 21771	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <input type="checkbox"/> Delete	<b>NAME</b> CASSITY, DONNA <b>STREET ADDRESS</b> P.O. BOX 71054 <b>CITY-ST-ZIP</b> MARIETTA, GA 30007	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> COOK, TERRY <b>STREET ADDRESS</b> 4200 ILBERRY <b>CITY-ST-ZIP</b> MOUNT VERNON, IL 62864	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> BAINTON, BARRY <b>STREET ADDRESS</b> 425 MORGAN FALL CHASE <b>CITY-ST-ZIP</b> CANTON, GA 30114	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> ROGER, KAHLE <b>STREET ADDRESS</b> 11659 SYMMES CREEK DR. <b>CITY-ST-ZIP</b> LOVELAND, OH 45140	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_