


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 758898</b> 1. Entity Name SEASCAPE PHASE 5-A, INC.	
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Principal Place of Business P.O. BOX 1666 DESTIN, FL 32540-1666	Mailing Address P.O. BOX 1666 DESTIN, FL 32540-1666
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**DO NOT WRITE IN THIS SPACE**



02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2153768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HOME OWNERS MGMT ENTERPRISES INC 910 AIRPORT RD SUITE A-5 DESTIN, FL 32541
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOER, BRUCE 100 SEASCAPE DRIVE UNIT 92-E DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCBRAYER, JAMES D. 4901 CLARK LAKE WAY ACWORTH, GA 30101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUYKENDALL, DIXIE 3717 MIDWAY RD ADAMSVILLE, AL 35005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/07-80013-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Bruce G. Boer BRUCE G. BOER 3/2/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #