

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **762038** (8)  
1. Corporation Name  
**SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**% DUNE-ALLEN REALTY**  
**5200 WEST HWY C-3A**  
**SANTA ROSA BCH FL 32459**  
**US**

**% DUNE-ALLEN REALTY**  
**ROUTE 1, BOX 3710**  
**SANTA ROSA BCH FL 32459**

3. Date Incorporated or Qualified **02/19/1982** 3a. Date of Last Report **08/04/1995**  
4. FEI Number **59-2503218** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**DUNE-ALLEN REALTY**  
**ROUTE 1, BOX 3710**  
**SANTA ROSA BCH. FL 32459**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCARDLE, HERRIETTA W</b>	1.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 969 #6</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSA BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, BERNARD</b>	2.2 NAME	
STREET ADDRESS	<b>8002 SHERETON RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUNTSVILLE AL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CADOGAN, RONALD</b>	3.2 NAME	
STREET ADDRESS	<b>9280 NORTHLAKE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSWELL GA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEPLER, CHERYL</b>	4.2 NAME	
STREET ADDRESS	<b>96 SCENIC DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUNTSVILLE AL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNSON, MARIANNE</b>	5.2 NAME	
STREET ADDRESS	<b>2226 ROSEMONT DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ronald Cadogan - Pres. **5-23-96** **904-267-2121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)