## FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SIGNATURE:

762038

(8)

## SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.

| Principal Place                              | of Business   | Mailing Address   |                                    |   |  | 70(1 0101) 07817 07017 07017                                 |                             |  |
|--|---|---|------------------------------------|---|--|--|-----------------------------|--|
| % DUNE-ALLEN<br>5200 WEST HW<br>SANTA DOSA R | ry C-3A   | % DUNE-ALLEN REALTY<br>ROUTE 1. BOX 3710<br>SANTA ROSA BCH FL 32459 |                                    |   |  |  |                             |  |
| SANTA ROSA BCH FL 32459<br>US                |   | SANTA NOSA DON FL 18458   |                                    |   | <ol> <li>Date Incorporated or Qualified 02/19/1982</li> </ol>  | Incorporated or Qualified 3a. Date of Last Report 05/30/1996 |                             |  |
| 2. Principal Place of Business               |   | 2a. Mailing Address<br>26   |                                    |   | 4. FEI Number<br>59-2503218  | <del> </del>   | pplied For<br>ot Applicable |  |
| Suite, Apt. #, etc.                          |   | Suite, Apt. #, etc.   |                                    |   | E0 75  | Additional   |                             |  |
| 22   |   | 27  | 27                                 |   | 5. Certificate of Status Desired   | Fee R  | Fee Required                |  |
| City & State                                 |   | City & State  | 28]                                |   | 6. Election Campaign Financing Trust Fund Contribution   |  |                             |  |
| Zip  | Country Zip   |   | Country                            |   | This corporation has liability for intangible tax under s. 199.032,  |  |                             |  |
| 4 25 29                                      |   |   | 30                                 |   | Florida Statutes Yes No  |  |                             |  |
|  | 9. Name and Address of Curren   | t Registered Agent  |                                    | 41  | 10. Name and Address of New Re   | glatered Agent   |                             |  |
|  |   |   | 6                                  | 1 Name  |  |  |                             |  |
|  | LLEN REALTY<br>1, BOX 3710  |   | 8:                                 | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                             |  |
|  | ROSA BCH. FL 32459  |   | 8:                                 | 3   |  | **************************************                       | <del></del>                 |  |
|  |   |   | 8                                  | 4 City  |  | FL 85 Zip  | Code                        |  |
| 11. Pursuant t                               | to the provisions of Sections 617.050   | 2 and 617.1508, Florida Statute                                     | s, the abo                         | ve-named c  | corporation submits this statement for the p   | urpose of changing i   | its registered              |  |
| office or re<br>agent. I ar                  | egistered agent, or both, in the State<br>in familiar with, and accept the obliga | of Florida. Such change was a<br>ations of, Section 617.0503, Flo   | uthorized t<br>rida Statuti        | by the corposes.                                      | oration's board of directors. I hereby accept  | t the appointment as   | ; registered                |  |
| SIGNATURE _                                  | Signature, typed or printed name of registered age                                | nt and title if applicable. (NOTE                                   | : Registered A                     | geni signature n                                      | equired when reinstating)  | DATE   |                             |  |
| 12.  | OFFICERS ANI  |   | 13.                                |   | ADDITIONS/CHANGES TO OFFIC   |  | RS IN 12                    |  |
| TITLE  | D   | ☐ DELETE  | 1.1 TITLE                          |   | •  | Change   | ☐ Addition                  |  |
| NAME   | MCARDLE, HERRIETTA W  |   | 1.2 NAM                            | E   |  |  |                             |  |
| STREET ADDRESS                               | RT 1 BOX 969 #6<br>SANTA ROSA BCH FL  |   |                                    | ET ADDRESS  |  |  |                             |  |
| City-ST-ZIP<br>TITLE                         | STD   | ☐ DELETE  | 1.4 CITY-<br>2.1 TITLE             |   |  | ☐ Change   | Addition                    |  |
| NAME   | WOODS, BERNARD  | C. OLCCIC   | 2.2 NAM                            | i   |  | Cinaligo (Carriero   |                             |  |
| STREET ADDRESS                               | 8002 SHERETON RD.   |   |                                    | "   | Talenta in the second s |  |                             |  |
|  | HUNTSVILLE AL   |   | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |   |  |  |                             |  |
| TITLE  | PD DELETE   |   | 3.1 TITLE                          |   |  | Change   | ☐ Addition                  |  |
| NAME   | CADOGEN, RONALD   |   | 3.2 NAME                           |   |  |  |                             |  |
| STREET ADDRESS                               | 9280 NORTHLAKE DR.  |   |                                    | ET ADDRESS  |  |  |                             |  |
| CITY-ST-ZIP                                  | ROSWELL GA  |   | 3.4. CITY                          | i   |  |  |                             |  |
| TITLE  | D DELETE  |   | 4.1 TITLE                          |   |  | Change   | Addition                    |  |
| NAME   |   |   | 4. 2 NAM                           |   |  | -  | _                           |  |
| STREET ADDRESS                               | 96 SCENIC DR.   |   | 1                                  | ET ADDRESS  |  |  |                             |  |
| CITY-ST-ZIP                                  | HUNTSVILLE AL   |   | 4.4 CITY                           |   |  |  |                             |  |
| TITLE  | D D   | L becare  |                                    |   |  | ☐ Change   | Addition                    |  |
| NAME   | BRUNSON, MARIANNE   | NNE 5.  |                                    | E   |  |  | ı                           |  |
| STREET ADDRESS                               | 2226 ROSEMONT DR.   |   | 5.3 STRE                           | ET ADDRESS  |  |  |                             |  |
| CITY-ST-ZIP                                  | MONTGOMERY AL   |   | 5.4 CITY                           | -ST-ZIP   |  |  |                             |  |
| TITLE  |   | DELETE  | 6.1 TITLE                          | $\overline{}$   |  | Change   | ☐ Addition                  |  |
| NAME   |   |   | 6.2 NAM                            | E   |  |  |                             |  |
| STREET ADDRESS                               |   |   | 6.3 STRE                           | ET ADDRESS  |  |  |                             |  |
| CITY-ST-ZIP                                  |   |   | 6.4 CITY                           | - ST - ZIP  | ·  |  |                             |  |
| 14. I do hereb                               | by certify that the information supplied  | d with this filing does not qualify                                 | y for the ex                       | comption sta  | ated in Section 119.07(3)(i), Florida Statute:<br>that my signature shall have the same lega   | s. I further certify that                                    | t the                       |  |
| I am an of                                   | flicer or director of the corporation or<br>n Block 12 or Block 13 if changed, or | the receiver or trustee empower                                     | ered to exe                        | ocute this re   | port as required by Chapter 617, Florida S   | tatutes; and that my   | name                        |  |