


FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762038 (8)
1. Corporation Name
SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.



Principal Place of Business % DUNE-ALLEN REALTY 5200 WEST HWY C-3A SANTA ROSA BCH FL 32459 US	Mailing Address % DUNE-ALLEN REALTY ROUTE 1, BOX 3710 SANTA ROSA BCH FL 32459
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3. Date Incorporated or Qualified
02/19/1982

4. FEI Number 50-2503218	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business 21 % Dune-Allen Realty Suite, Apt. #, etc. 22 5200 W. Hwy C-30A City & State 23 Santa Rosa Bch, FL Zip Country 24 32459 25 US	26. Mailing Address 26 % Dune-Allen Realty Suite, Apt. #, etc. 27 5200 W. Hwy C-30A City & State 28 Santa Rosa Bch, FL Zip Country 29 32459 30 US
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 Dune Allen Realty
82 Street Address (P.O. Box Number is Not Acceptable) 5200 W. Hwy C-30A
83
84 City Santa Rosa Beach FL
85 Zip Code 32459

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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCARDLE, HERRIETTA W	
STREET ADDRESS	RT 1 BOX 969 #6	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, BERNARD	
STREET ADDRESS	8002 SHERETON RD.	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CADOGAN, RONALD	
STREET ADDRESS	9280 NORTHLAKE DR.	
CITY-ST-ZIP	ROSWELL GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEPLER, CHERYL	
STREET ADDRESS	98 SCENIC DR.	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNSON, MARIANNE	
STREET ADDRESS	2226 ROSEMONT DR.	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	W/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FLOURNOY, Clay	
1.3 STREET ADDRESS	295 LSU Ave.	
1.4 CITY-ST-ZIP	Baton Rouge, LA 70808	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McCardle, Henrietta	
2.3 STREET ADDRESS	106 Trista Terrace Ct.	
2.4 CITY-ST-ZIP	Destin, FL 32541	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gordon, Jane	
3.3 STREET ADDRESS	P.O. BOX 4114 NIA	
3.4 CITY-ST-ZIP	Montgomery, AL 36103	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Henrietta W. McCardle* **Henrietta W. McCardle 2/19/98 650-0639**

CR2E037 (10/97)