

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90100 012 ****61.25

DOCUMENT # 762038

1. Entity Name

SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10221 HWY 98 WEST
 23
 DESTIN FL 32541
 US

PO BOX 6225
 DESTIN FL 32541-6225
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

59-2503218

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GELDER, RALPH~~
 10221 HWY 98
 STE 23
 DESTIN FL 32541

Name **Christine EVANS**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE Christine Evans

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~President~~ Delete
 NAME FLOURNOY, CLAY
 STREET ADDRESS 295 LSU AVE
 CITY-ST-ZIP BATON ROUGE LA 70808

TITLE Treasurer TD Change Addition
 NAME BOOTS McARDLE
 STREET ADDRESS PO BOX 11005
 CITY-ST-ZIP Santa Rosa Beach FL 32459

TITLE ~~Director~~ Delete
 NAME CADOGAN, RONALD
 STREET ADDRESS 9280 NORTHLAKE DR.
 CITY-ST-ZIP ROSWELL GA

TITLE Director D Change Addition
 NAME Bernie Woods
 STREET ADDRESS 8002 Sheraton Road
 CITY-ST-ZIP Huntsville AL 35802

TITLE ~~Director~~ Delete
 NAME MCARDLE, HENRIETTA
 STREET ADDRESS 106 TRISTA TERR CT
 CITY-ST-ZIP DESTIN FL 32541

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~President~~ Delete
 NAME BRUNSON, MARIANNE
 STREET ADDRESS 2226 ROSEMONT DR.
 CITY-ST-ZIP MONTGOMERY AL 36106

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME GORDON, JANE
 STREET ADDRESS P.O. BOX 4114 N/A
 CITY-ST-ZIP MONTGOMERY AL 36103

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marianne Brunson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 654-8440
 Date Daytime Phone #

CR2E037 (9/99)

PAID
 CK. NO. DATE